MAXIMUS Federal Services

| Case Number: | CM15-0137523 | | |
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| Date Assigned: | 08/18/2015 | Date of Injury: | 03/27/2001 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 49-year-old male who sustained an industrial injury on 03-27-2001. Diagnoses include foraminal stenosis at L4-5 and L5-S1; facet osteoarthropathy at L4-5 and L5-S1. According to the Follow-Up Consultation dated 6-4-2015, the IW reported low back pain with left greater than right lower extremity symptoms, rated 8 out of 10. On examination, the lumbar spine was tender and range of motion was limited with pain. Neurologically, there was no change. Straight leg raise was positive. Medications were hydrocodone 7.5mg, Naprosyn, Colace and pantoprazole. A request was made for one urine drug screen due to the IW's inclusion in the high risk category for opioid use.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for low back pain with lower extremity symptoms. When seen, there was positive straight leg raising with lumbar spine tenderness and decreased range of motion. Hydrocodone/acetaminophen was being prescribed and the dose was increased. Urine drug screening in January 2015 had been consistent with the prescribed medications. Authorization is being requested for a repeat urine drug screening. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptoms magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening less than one year ago was consistent with the medication prescribed. The claimant would therefore be at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening less than one year after the previous testing was not medically necessary.