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| <b>Case Number:</b>   | CM15-0137870 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 11/13/2013 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 is a 52 year old female, who sustained an industrial injury on November 13, 2013. Treatment to date has included pain medications, MRI of the lumbar spine, home exercise program, and modified work duties. Currently, the injured worker complains of low back pain and spasms. She notes that her pain radiates into her bilateral lower extremities depending on the activity. She reports nighttime pain and spasms as well. On physical examination the injured worker has a slow antalgic gait and she is unable to perform heel - toe ambulation due to instability. She has tenderness to palpation over the lumbar spine and restricted range of motion. Straight leg raise test is positive bilaterally. Her sensation is intact to light touch and pinprick in the bilateral lower extremities. The diagnoses associated with the request include lumbar strain, and exacerbation of chronic low back pain. The treatment plan includes facet joint injection, repeat urine drug screen, continued home exercise program and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for urine toxic screen only (DOS: 06/17/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service June 17, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar strain; and exacerbation of chronic low back. The date of injury is November 13, 2013. The request for authorization is dated June 2, 2015. According to progress note dated June 17, 2015, the injured worker complains of low back pain. The injured worker lives alone and performs home services such as cleaning. There are no medications listed in the June 16, 2015 progress note. The May 15, 2015 progress note's current list of medications include Norco 5/325 mg, Motrin 800 mg and Terocin. A urine drug screen was performed May 13, 2015 that was inconsistent. Norco 5/325mg was the only declared medication. The UDS was positive for amphetamines and Soma. Norco was negative. The treating provider wants to repeat the urine drug toxicology screen. The CURES report is consistent. The injured worker is on a low dose Norco 5/325mg. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication for repeating the urine drug toxicology screen. Consequently, absent clinical documentation with a clinical rationale for repeating the urine drug toxicology screen in an injured worker taking low dose Norco with no risk factors for drug misuse or abuse, retrospective urine drug testing date of service June 17, 2015 is not medically necessary.