

<b>Case Number:</b>	CM15-0138395		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 63 year old female, who sustained an industrial injury on 9/12/2013. She reported repetitive movement injuries to the low back and right hip and a whiplash type injury to the neck. Diagnoses include cervical degenerative disc disease, and lumbar degenerative disc disease. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing low back pain with radiation into bilateral lower extremities. On 6/5/15, the physical examination documented lumbar tenderness and muscle spasms with decreased range of motion, a guarded gait, and decreased sensation in bilateral lower extremities. The plan of care included a toxicology urine drug screen, random urine sample.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

**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, random urine drug screen 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 cervical degenerative disc disease and lumbar degenerative disease. The date of injury is September 12, 2013. Request for authorization is June 5, 2015. According to a progress note dated June 5, 2015, the injured worker's medications include Norco 5/325mg, Fioricet, and Robaxin. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There are no prior inconsistent urine drug screens noted in the medical record. There was a stamp in the record (indication): "random sample to document medication compliance." There is no clinical indication for a random sample based on the documentation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, random urine drug screen is not medically necessary.