

<b>Case Number:</b>	CM15-0139329		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70-year-old male who sustained an industrial injury on 07/19/2011 while walking on planks across a canal at night; he slipped and fell approximately 5 feet into mud and cement. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain syndrome. The injured worker is status post lumbar laminectomy (prior to injury). Treatment to date has included diagnostic testing, lumbar epidural steroid injections, chiropractic therapy, acupuncture therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit home exercise program and medications. According to the primary treating physician's progress report on July 6, 2015, the injured worker continues to experience neck pain radiating to both shoulders, lower back pain radiating to both legs associated with numbness and tingling in the left lower extremity and left knee pain. The injured worker rates his pain level at 8/10 without medications and 6/10 with medications. Examination demonstrated palpable spasms in the lumbar paraspinal musculature with positive twitch response. Motor strength was 5/5 in the bilateral lower extremities with positive left straight leg raise at 30-45 degrees in the L4 distribution and a negative right straight leg raise. Ambulation was slowed with an antalgic gait on the left. No assistive devices were noted. Current medications are listed as Cymbalta, Lyrica and Mobic. Treatment plan consists of psychiatric/psychological evaluation prior to spinal cord stimulator (SCS) trial, conservative measures and the current request for urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment Index 7th Edition (Web) current year, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker is not currently prescribed opioid medications. Therefore, the request for urine drug screen is not medically necessary.