

<b>Case Number:</b>	CM15-0144275		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 40-year-old female who sustained an industrial injury on 08-16-2012. Diagnoses include chronic lumbar strain-rule out disc herniation; left lower extremity radicular pain; and bilateral wrist tendinitis-rule out carpal tunnel syndrome. Treatment to date has included medications, physical therapy and epidural steroid injection. MRI of the lumbar spine on 3-9-2015 showed straightening of the lumbar spine, degenerative disc and facet joint disease; disc protrusion with moderate central canal and severe left lateral recess stenosis at L4-L5 and disc protrusion with mild to moderate bilateral lateral recess stenosis and mild right neural foraminal stenosis at L5-S1. According to the progress notes dated 5-13-2015, the IW reported frequent, persistent pain in the lower back, now with more constant left leg pain, weakness, numbness, tingling and burning. She also reported her left calf was smaller or "wasting away". She also complained of bilateral wrist and hand pain rated 7 out of 10 which was frequent and associated with numbness. Her pain was better with rest; Motrin was reducing her pain from 8 out of 10 to 6 out of 10. She requested something stronger for her pain and something for her nerve pain. On examination, range of motion of the lumbar spine was reduced. Straight leg raise on the left was positive at 60 degrees for radiation of pain into the anterior knee and positive on the right at 70 degrees for radiation of pain to the thigh. Sensation was decreased in the left anterolateral thigh and over the calf. She felt weakness in the left leg; by measurement, there was significant atrophy in the left leg. Tramadol 50mg was added to the IW's medication regimen for pain. The PR2 dated 6-8-2015 indicated the IW's lower back pain

and radicular symptoms were reduced from 8 out of 10 to 4 out of 10 with Tramadol. A request was made for urine toxicology screen for next visit to assess levels of prescription medication usage.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine Toxicology Screen for visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids and Drug testing and Opioids, steps to avoid misuse/addiction Page(s): 76-77 and 43 and 94.

**Decision rationale:** Urine Toxicology Screen for visit is not medically necessary per the MTUS Guidelines. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. The MTUS recommends the use of a urine drug screen to assess for the use or the presence of illegal drugs prior to initiating opioids and random urine drug screening to assess compliance. The documentation indicates that Tramadol was deemed not medically necessary on prior peer reviewed. Furthermore, it is unclear how many prior urine toxicology screens the patient has had and the documentation does not reveal objective outcome of this screen. The request for a urine toxicology screen is not medically necessary.