

<b>Case Number:</b>	CM15-0148469		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 54-year-old male who sustained an industrial injury on 03-01-2005. Diagnoses include lumbar radiculitis; degenerative disc disease; chronic low back pain with radicular symptoms; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, home exercise and epidural steroid injections. According to the progress notes dated 6-5-2015, the IW reported low back pain radiating into the left lateral leg. Norco was working well for pain relief and he was tolerating it well. Pain was rated 6 out of 10 before taking medication and 3 out of 10 with medication. With his medication, he was active and working full time; he was working more hours due to remodeling at the store where he worked. He was scheduled for an epidural steroid injection, but had to cancel when his transportation source had to cancel. On examination, there was tenderness in the paraspinal muscles L4 through S1. Forward flexion was 80 degrees and extension was 15 degrees. Reflexes were trace at the patella and absent at the Achilles. Strength of the lower extremities was 5 over 5, except 5- over 5 on the left with dorsiflexion of the left toe. Straight leg raise was positive on the left. MRI of the lumbar spine on 3-6-2015 showed multilevel disc protrusions, most significant at T12-L1, resulting in high-grade central compromise of the left exiting nerve root; high-grade bilateral neural foraminal compromise and spinal stenosis at L4-5; and moderate bilateral neural foraminal compromise without spinal stenosis at L5-S1. Urine toxicology was collected on 6-5-2015 to check compliance with the pain management contract. A request was made for retrospective review for a urine toxicology (date of service 06/05/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology testing, Qty 1 (retrospective dispensed 06/05/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The claimant has a remote history of a work-related injury in March 2005 and is being treated for low back and radiating left lower extremity pain. Urine drug screening in February and April 2015 showed findings of Hydrocodone which was being prescribed; there was also benzodiazepine medication without identified prescribing provider. In March 2015 urine drug screening was negative for Hydrocodone. When seen, there was lumbar tenderness with decreased left lower extremity strength and positive left straight leg raising. Norco was continued and being taken 1-2 times per day. Repeat urine drug screening was performed. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant's urine drug screening results have been consistent with the amount of Hydrocodone being prescribed and the requesting provider has not addressed the findings of benzodiazepine metabolite. The claimant would at most be considered at a moderate risk for abuse of opioid medication. Guidelines recommend that patients at moderate risk be tested 2 to 3 times a year. This request for a fourth urine drug screening in less than 6 months is not medically necessary.