

<b>Case Number:</b>	CM15-0188365		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Internal Medicine, Rheumatology

### 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 40-year-old male, with a reported date of injury of 04-14-2011. The diagnoses include cervical facet dysfunction, neck pain, low back pain, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, gastritis, carpal tunnel syndrome, anxiety, depression, and bilateral hip pain. Treatments and evaluation to date have included Lyrica (burning sensation), Norco, Omeprazole, and Colace. The diagnostic studies to date have included a urine drug screening on 04-02-2015 with negative findings; a urine drug screening on 07-01-2015 with negative findings; an MRI of the lumbar spine on 06-29-2015 which showed degenerative changes of the lumbar spine, and multilevel small disc bulges; a CT scan of the pelvis on 06-29-2015 which showed multiple diverticula along the sigmoid colon and descending colon; and a urine drug screening on 08-13-2015. The pain management re-evaluation dated 07-29-2015 indicates that the injured worker presented with pain in the neck and low back. He was awaiting surgery to the lumbar spine. The low back pain radiated to into the left foot and sometimes went up into the neck on the left side. It was noted that therapies gave him temporary relief. The physical examination showed positive bilateral straight leg raise test; positive Patrick's and facet loading tests; positive Spurling's test with axial and neck pain; decreased sensation to light touch in the bilateral hands and ankles; diffuse weakness due to pain; and tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, and sacroiliac joint region. It was noted that an MRI of the lumbar spine in 01-2013 showed mild degenerative arthritic changes of the facet joint to L4-5 and L5-S1; and electrodiagnostic studies in 01-2013 which showed chronic and ongoing low-grade

denervation of bilateral, left greater than right L5 lumbar radiculopathy pattern. The treating physician indicated that "urine drug testing was negative for any illicit drugs from July 1, 2015." The treatment plan included a random urine drug test to determine levels of prescription and the presence of any non-prescription drugs. The injured worker's work status as not indicated. The treating physician requested a urine drug screen. On 08-24-2015, Utilization Review (UR) non-certified the request for a urine drug screen.

### **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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** This 40 year old male has complained of low back pain, neck pain, hip pain and wrist pain since date of injury 4/14/2011. He has been treated with physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. Based on the above-cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.