

<b>Case Number:</b>	CM15-0191545		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 32-year-old male, with a reported date of injury of 09-28-2006. The diagnoses include lumbar discogenic syndrome, lumbar facet arthropathy, muscle spasm, and gastritis. Treatments and evaluation to date have included Norco, Soma, Prilosec, Baclofen, Lidoderm patch, CapFlex topical, GabaKetoLido cream, Zanaflex, and Avalin patch. The diagnostic studies to date have included a urine drug screen on 08-12-2015 with inconsistent results; a urine drug screen on 07-15-2015 with inconsistent results; a urine drug screen on 01-28-2015 with inconsistent findings; and a urine drug screen on 12-03-2014. The follow-up evaluation report dated 08-12-2015 indicates that the injured worker had increased complaints of low back pain and muscle spasm. He stated that the medications including the topical cream helped reduce the pain. The injured worker also stated that the medications controlled the pain sufficiently to allow him to continue working and completing his activities of daily living at home. It was noted that the radicular pain had returned and the injured worker needed increased treatment in the form of epidural steroid injections. The physical examination showed back and bilateral leg pain; radicular signs; lumbar spine flexion at 30 degrees; lumbar spine extension at 10 degrees with pain; and low back muscle spasm in the quadratus lumborum bilaterally. The treating physician noted that they will continue with medication management, which allowed the injured worker to continue his desired activities of daily living including work. It was also noted that was an important reason to continue the medication management. The treating physician indicates that the injured worker complied with urine testing. The injured worker was able to return to his usual and customary job without restriction as of 03-10-2014. The treating

physician requested a urine drug screen (date of service: 08-12-2015). On 09-16-2015, Utilization Review (UR) non-certified the request for a urine drug screen (date of service: 08-12-2015).

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

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

#### **Retrospective Urine Drug Screen, DOS:8/12/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter , Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. 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, retrospective urine drug testing date of service August 12, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances 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 discogenic syndrome lumbar; lumbar facet arthropathy; lumbar spasm; and gastritis. Date of injury is September 28, 2006. Request for authorization is September 8, 2015. According to an August 12, 2015 progress note, subjective complaints include increased low back pain and spasm. Medications decrease pain. The injured worker failed tapering of Soma. Medications include Norco, Soma, Zanaflex, lidocaine patch and Prilosec. Documentation shows the injured worker had multiple urine drug screens. Dates include December 3, 2014, January 28, 2015 and July 15, 2015. The latter two dates (January and July) were negative for hydrocodone and negative for Soma. There were positive for cannabis. There is no documentation of the inconsistency in the medical record. The treating provider is now requesting an additional urine drug screen. There is no clinical rationale for the repeat UDS. As noted above, the treating provider did not address the previous inconsistent urine drug screens. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, previous inconsistent urine drug screens without documentation addressing the inconsistency, and no aberrant drug-related behavior or risk assessments, retrospective urine drug testing date of service August 12, 2015 is not medically necessary.