

<b>Case Number:</b>	CM15-0204765		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 was a 47 year old female, who sustained an industrial injury, February 16, 2012. The injured worker was undergoing treatment for chronic acute and or severe pain of the lumbar spine, lumbar radiculopathy, lumbar discopathy and lumbar disc displacement. According to progress note of September 14, 2015, the injured worker's chief complaint was low back pain with radiation into the lower extremities, left greater than the right. The injured worker rated the pain at 3-4 out of 10 with pain medications and 8 out of 10 without. The injured worker had improved with activities of daily living. The physical exam noted the injured worker walked with an antalgic gait. The straight leg raises were positive bilaterally at 50 degrees. The range of motion was flexion to the floor, extension was 0, and left and right lateral rotation was 0. The injured worker previously received the following treatments Marijuana not prescribed but injured worker agreed to stop using, Norco three times daily, urine toxicology of September 14, 2015 was negative for any unexpected findings, over the counter Naproxen, physical therapy, home exercise program and acupuncture. The RFA (request for authorization) dated the following treatments were requested a urine toxicology screening obtained on September 14, 2015. The UR (utilization review board) denied certification on September 24, 2015; for a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine tox screen (DOS 9/14/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Drug testing.

**Decision rationale:** The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The above patient was taking Norco, a narcotic, and also noted to have used marijuana in the past. Therefore, it is entirely appropriate to do urine drug screening in this patient. The request is medically necessary.