

<b>Case Number:</b>	CM15-0204826		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/26/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/12/2015
<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, 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 33 year old female, who sustained an industrial injury on 12-26-2009. The injured worker was diagnosed as having chronic low back pain status post laminectomy and partial discectomy, lumbar radiculopathy, coccygodynia, right groin pain due to unknown etiology, and depression and insomnia. Treatment to date has included diagnostics, lumbar epidural steroid injections, lumbar laminectomy, functional restoration program, and medications. Currently (9-28-2015), the injured worker complains of back and bilateral leg pain, rated 6 out of 10 current, 5 on average, 3 at the least, and 9 at worst. She reported pain as stable and was still experiencing mild right lower extremity radiculopathy down to her right foot, but less severe than last visit. She reported that pain was manageable with current regimen and reported "pain control is better" with Lyrica, in reference to the left sacrum and coccyx tip. Her work status was permanent and stationary, she was working two days weekly, and continued treatment with psychiatry. Current medications included Zoloft, Lunesta, Lyrica, MS Contin, Oxycodone, Valium, Cymbalta, and Percocet. Physical exam noted "no significant changes" since last visit. Random toxicology testing was performed on 9-28-2015. No aberrant behavior was documented. Random toxicology was also performed on 8-31-2015, with results not referenced or submitted. On 10-12-2015, Utilization Review non-certified a request for urine drug screening.

### 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, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for the Use of 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, urine drug screen 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, 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 chronic low back pain status post laminectomy and partial discectomy; lumbar radiculopathy; coccydynia; right groin pain; depression, insomnia and history of tachycardia (SVT). Date of injury is December 26, 2009. Request for authorization is October 6, 2015. According to an August 31, 2015 progress note, subjective complaints include ongoing back and bilateral leg pain. Pain at its worst is 9/10 and with medications 6/10. Medications include MS Contin and Oxycodone. The documentation indicates opiates have been prescribed as far back as May 2011. The doses have been increasing progressively. The clinical entry regarding Dilaudid 4 mg QID times two days times eight. It is unclear why this medication is being prescribed. There were no urine drug screens in the medical record. According to the utilization review, the injured worker has multiple inconsistent urine drug toxicology screens. Despite the inconsistencies, the treating provider continues to prescribe ongoing opiates to the injured worker. In the face of the recurrent inconsistent urine drug toxicology screens, weaning is recommended with opiate discontinuation. There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation of attempted weaning, utilization review documentation indicating multiple inconsistent urine drug toxicology screens with continued opiate medication renewals and no indication or rationale to support these renewals, urine drug screen is not medically necessary.