

<b>Case Number:</b>	CM15-0209475		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 12-17-2012. The injured worker is undergoing treatment for: lumbosacral disc disorders with radiculopathy, neck strain, bilateral wrist sprain, abdominal hernia. On 7-21-15, he reported low back pain with bilateral lower extremity pain greater on the left. He indicated attaining 55-60 percent pain reduction with an injection given on 11-13-14. He rated his pain 6 out of 10 and indicted there to be no significant changes since his last visit. On 10-13-15, he reported continued low back pain rated 6 out of 10 with worsened radiating pain down to the left foot. He also reported calf and heel pain, and left groin and testicle pain. He indicated his pain is improved with rest and medication. Objective findings revealed decreased lumbar spine range of motion, hypertonicity and tenderness in the low back muscles, positive bilateral straight leg raise testing. There is no discussion regarding aberrant behaviors. The treatment and diagnostic testing to date has included: medications, injection (unknown type on 11-13-14). Medications have included: topical creams, naproxen, Norco, Neurontin, cyclobenzaprine, Prilosec, and cimetidine. Current work status: modified. The request for authorization is for: UDT (urine drug testing) qualitative x 2. The UR dated 10-6-2015: modified certification of UDT qualitative x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDT (urine drug testing) Qualitative x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) See Opioids.

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

**Decision rationale:** UDT can be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, presence or absence of active metabolites if diversion is suspected. Use of drug screening can be appropriate with issues of abuse, addiction, or poor pain control. Indicators and predictors of possible misuse of controlled substances and/or addiction can include decreased functioning, observed intoxication or negative affective state. Additional warning flags could include failure to bring in unused medications, dose escalation without approval of the prescribing doctor, requests for early prescription refills, report's of lost or stolen prescriptions, unscheduled clinic appointments in distress, frequent visits to the ED or family reports of overuse or intoxication. There appears to be no suspicion or discussion of elements for concern. The UR decision is supported therefore is not medically necessary.