

<b>Case Number:</b>	CM15-0023990		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 47-year-old male who reported an injury on 11/20/2013. The mechanism of injury was the injured worker was jackhammering between concrete and a rebar and the jackhammer got stuck. As the injured worker was pulling the jackhammer up, the injured worker experienced a sharp pain in his back. Prior therapies included physical therapy, chiropractic care, transforaminal epidural steroid injection, medications, and an MRI of the lumbar, thoracic, and cervical spine, and electrodiagnostic studies. The injured worker was noted to undergo urine drug screens. The documentation of 12/01/2014, revealed the injured worker reported lots of spasms and shoulder, mid, and low back pain like he had not had before. The injured worker was unsure of the reason for the increase in pain, although he had not been taking Norco and had been working more. The injured worker's pain was 4/10 to 6/10 on the pain scale. The injured worker had pain radiating down his left arm that was lessening. The injured worker was utilizing gabapentin 600 mg up to 2 to 3 times per day, and had not noted any pain relief from the medication, even when he took 2 to 3 per day. The diagnoses included thoracic and lumbar spondylosis without myelopathy, thoracic pain, lumbar radiculopathy, and lumbago. The injured worker's urine drug screen was negative, and the request was made for a quantitative urine confirmation. The documentation indicated the injured worker would be started on Norco 10/325 mg 1 by mouth twice a day for pain. The documentation indicated the injured worker had not received his marijuana card yet, and had not used marijuana recently. There was a Request for Authorization submitted for review dated 12/10/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen with quantitative confirmation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that urine drug screens are recommended for injured workers who have documented issues of abuse, addiction, or poor pain control. They do not address quantitative testing. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that if a urine drug test is positive for a nonprescribed Scheduled drug or illicit drug, lab confirmation is strongly recommended and if a urine drug screen is negative for prescribed Scheduled drugs, confirmatory testing is recommended. There was a lack of documentation of documented issues of abuse or addiction. The injured worker had poor pain control. However, the injured worker was not prescribed pain medications recently. Given the above, and the lack of documentation, the request for a urine drug screen with quantitative confirmation is not medically necessary.