

<b>Case Number:</b>	CM15-0026983		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/25/2005
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

This 59 year old female sustained an industrial injury on 5/25/05, with subsequent ongoing back, knee and shoulder pain. Treatment included medications, home exercise and right knee arthroscopy with medial meniscectomy (2006). Magnetic resonance imaging lumbar spine (5/2006) showed disc protrusion and neuroforaminal stenosis at L4-5 and L5-S1. In a PR-2 dated 10/14/14, the injured worker complained of low back pain with radiation to bilateral lower extremities with numbness and tingling to the feet. The injured worker wanted to discuss medications and stated that the pain felt more stable when using the brace that had worn out. Current diagnoses included bilateral shoulder strain/impingement, status post right knee arthroscopy and lumbar sprain strain with bilateral lower extremity radiculitis. The treatment plan included continuing medications (Norco and Tizanidine) and obtaining a random urine drug screen to document medication compliance permanent and stationary ODG guidelines. On 1/13/15, Utilization Review non-certified a retrospective urine drug screen, DOS: 11-4-14 citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### 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: 11-4-14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral lower extremities. The treater is requesting a RETROSPECTIVE URINE DRUG SCREEN, DOS 11/04/2014. The RFA dated 10/14/2014 shows a request for authorization for a random urine drug screen to document medication compliance per ODG Guidelines. The patient's date of injury is from 05/25/2005 and she is currently permanent and stationary. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any previous urine drug screens. The 10/14/2014 report shows that the patient's current medication includes Norco and tizanidine. In this case, while the treater does not discuss the patient's risk assessment, ODG Guidelines recommend once-yearly urine drug screen and a follow-up for a total of 2 per year, and the request IS medically necessary.