

<b>Case Number:</b>	CM15-0213921		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii

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 55-year-old male who sustained an industrial injury on 4-14-2006 and has been treated for chronic myofascial pain syndrome, thoracolumbar spine, and bilateral L5 radiculopathy. On 10-16-2015, the injured worker reported constant upper and low back pain relieved by greater than 70-80 percent, as well as improvement in functioning when taking current medications. Pain is stated to be reduced from a VAS rating of 8 out of 10 down to 1 or 2, enabling him to work and perform activities of daily living. He stated he has been having difficulty sleeping without medication. Objective findings include restricted range of motion in the thoracic and lumbar spine areas, myofascial trigger points, and decreased sensation to fine touch and pinprick in the right calf. Documented treatment includes swimming, home exercise, and treatment with naproxen, Gabapentin, and Tramadol HCL ER. The treating physician's plan of care includes a request for authorization submitted 10-16-2015 for a urine drug screen stated to be performed "on a periodic basis to monitor compliance with treatment regimen." A urine drug analysis is noted to have occurred 2-3-2015. The current request was denied on 10-29-2015. The injured worker is working part time for his original employer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (UDS):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

**Decision rationale:** The patient presents with constant upper and low back pain with numbness in his bilateral lower extremities. The current request is for Urine Drug Screen (UDS). The treating physician's report dated 10/16/2015 (7C) does not provide a rationale for the request. However, reports show a urine drug screen from 02/13/2015 (32C). The patient's current medications include: Naproxen, Gabapentin, and Tramadol. 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. In this case, while the patient's "risk assessment" was not discussed, the ODG Guidelines recommend once-yearly urine drug screen and a follow-up for a total of 2 per year. The current request is medically necessary.