

<b>Case Number:</b>	CM15-0223013		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: 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 49 year old female, who sustained an industrial injury on 10-26-10. The injured worker is diagnosed with left sacroiliitis, chronic pain syndrome, chronic low back pain, post anterior lumbar interbody fusion at L5-S1, severe lower extremities neuropathic pain and bilateral lower extremity lumbar radiculopathy. Her work status is temporary total disability. Notes dated 9-16-15 and 10-14-15 reveals the injured worker presented with complaints of constant low back pain that radiates to her lower extremities bilaterally. She reports constant right hip pain that is increased with walking. Her pain is rated at 8-9 out of 10. Physical examinations dated 8-19-15, 9-16-15 and 10-14-15 revealed tenderness to palpation over the left sacroiliac joint and decreased lumbar spine range of motion. The straight leg raise, Braggard's test and Kemp's test are positive. There is decreased motor strength in the left lower extremity and decreased sensation bilaterally (left greater than right). The left hip reveals a positive FABER test, Gaenslen's test and sacroiliac compression test. The note dated 8-19-15 states there is no aberrant behavior or misuse of medication. The note dated 10-14-15 states the injured workers quality of life is limited secondary to pain. Treatment to date has included medications- Norco and Voltaren gel provide 50% relief in pain, per note dated 10-14-15; home exercise program; an anterior lumbar interbody fusion at L5-S1 provided 80% low back pain relief, but with persistent severe lower extremity pain, per note dated 10-14-15. Diagnostic studies include lumbar spine CT scan and a urine drug test dated 7-1-15 is consistent with prescribed medication. A request for authorization dated 10-14-15 for retrospective review urine drug screen (date of service 10-14-15) is non-certified, per Utilization Review letter dated 11-4-15.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective review urine drug screen (DOS: 10/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Official Disability Guidelines (ODG) Urine Drug Screen.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient underwent a urine drug screen 7/1/15 that was consistent with the prescribed medical therapy and without evidence of aberrant behavior. There was no specific indication for another urine drug test on 10/14/15. Medical necessity for the requested test was not established. The requested urine drug screen 10/14/15 was not medically necessary.