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| <b>Case Number:</b>   | CM15-0224607 |                              |            |
| <b>Date Assigned:</b> | 11/23/2015   | <b>Date of Injury:</b>       | 03/18/2014 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 11/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/16/2015 |

### 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, Indiana, 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 61 year old male, who sustained an industrial injury on March 18, 2014, incurring low back injuries and left shoulder injuries. He was diagnosed with lumbar disc displacement and left shoulder strain. Treatment included physical therapy, acupuncture, chiropractic sessions, pain medications, topical analgesic patches, muscle relaxants, lumbar support, neuropathic medications, physical therapy, and activity restrictions. Currently, the injured worker complained of persistent sharp pain in the low back exacerbated with movement and touch, lessened by rest and medications. He noted continued left shoulder pain with limited range of motion. He rated his pain 6 out of 10 on a pain scale from 0 to 10 with medications and 9 out of 10 without medications. The injured worker reported the persistent pain interfered with his daily activities. He continued with a medication management to alleviate his pain. The treatment plan that was requested for authorization included a semi-quantitative urine drug screen. On November 4, 2015, a request for a urine drug screen was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Semi-quantitative urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, semi-quantitative urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are other intervertebral disc displacement lumbosacral region; right and left side sciatica; pain in left shoulder. Date of injury is March 18, 2014. Request for authorization is October 23, 2015. According to an October 23, 2015 progress note, subjective complaints of chronic ongoing low back pain and left shoulder pain. Objectively, there is positive facet loading at the lumbosacral junction. Motor is 5/5 and the gait is normal. The treating provider discontinued all prescription medications including opiates and controlled substances and prescribed Salonpas. The treating provider requested a urine drug toxicology screen to look for illicit drugs. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There was no evidence of sedation on physical examination. There is no clinical indication or rationale in the medical record for a urine drug screen. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, semi-quantitative urine drug screen is not medically necessary.