

<b>Case Number:</b>	CM15-0045986		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 62 year old male, who sustained a cumulative industrial injury from December 15, 2010 through March 16, 2011. He reported low back pain and right knee pain. The injured worker was diagnosed as having stress, anxiety, depression, back strain, right knee patellofemoral joint disease, herniated disc with discogenic back pain at the lumbar 5 through sacral 1 level, positive physical examination and magnetic resonance imaging (MRI) and failed non-operative treatment. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, conservative treatments, medications and work restrictions. Currently, the injured worker complains of low back and right knee pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 15, 2011, revealed continued pain. A TENS unit was recommended and conservative therapies were continued. He reported developing stress, anxiety and depression secondary to the chronic pain. He received steroid pain injections however the pain returned. Treatment with medications continued and approval for a retrospective urinary drug screen was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**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:** The patient was injured on 01/31/11 and presents with lumbar spine pain and right knee pain. The retrospective request is for a urine drug screen. There is no RFA provided and the patient's work status is not known. The report with the request is not provided. The patient had a prior urine drug screen on 01/03/14 and the patient was inconsistent with his medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, Official Disability Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. As of 02/20/14, (the most recent report provided), the patient is taking Protonix, Fexmid, Naproxen, and Norco. There are no other recent reports provided which list the medications the patient is taking. Therefore, it is unknown if the patient is still taking opiates. On 01/03/14, the patient had a urine drug screen, which revealed that he was inconsistent with his prescribed medications. The provider does not document the patient being at high risk for adverse outcomes, nor has active substance abuse disorder. The physician has not provided a rationale for the inconsistent urine drug screen. There was no rationale provided to repeat the drug screen when the results are not addressed and does not change the treatment plan. Therefore, the requested urine drug screen IS NOT medically necessary.