

<b>Case Number:</b>	CM15-0053536		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/16/1991
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency 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 78 year old ( ) male who sustained a work related injury March 16, 1991. According to a primary treating physician's report, dated March 3, 2015, the injured worker presented with aching pain in the neck and lower back with muscle spasm and stiffness. There is frequent numbness and tingling in the feet. Diagnoses are documented as lumbar disc disease; spinal stenosis; and cervical disc herniation. Treatment plan included medications, daily exercises and urinary drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology, 1 every 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Criteria for Use of Urine Drug Testing.

**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 (Chronic), Urine Drug Testing.

**Decision rationale:** The requested Urine Toxicology, 1 every 3 months, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, 'Drug testing', recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has aching pain in the neck and lower back with muscle spasm and stiffness. There is frequent numbness and tingling in the feet. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at 'moderate risk', and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, Urine Toxicology, 1 every 3 months is not medically necessary.