

<b>Case Number:</b>	CM15-0088371		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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:

This 57 year old female sustained an industrial injury to the neck, upper back and low back on 3/21/14. Previous treatment included magnetic resonance imaging and medications. An Agreed Medical Evaluation dated 3/25/15 indicated that the injured worker suffered ongoing pain to the neck, back and coccyx. Thoracic spine magnetic resonance imaging (4/24/14) showed T7-8 disc bulge. Magnetic resonance imaging lumbar spine (4/24/14) showed severe L4-5 facet arthrosis. Magnetic resonance imaging cervical spine (5/5/14) showed disc bulge with mild central stenosis. Surgery was not recommended. The injured worker underwent a bone scan on 10/10/14 due to complained of severe buttock and coccygeal pain that showed no increased uptake. Current diagnoses included lumbar spine spondylosis without myelopathy. Current medications included Tramadol, Ibuprofen, Flexeril and Lidoderm patches. The physician recommended permanent and stationary status with future medical care to include medications, follow-up visits and short courses of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 04/20/15) Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The orthopedic agreed medical examiner report dated March 25, 2015 documented a history of chronic lumbosacral strain. Pages 1, 2, 5, and 6 of the orthopedic agreed medical examiner report were in the submitted medical records. The remaining pages were not in the submitted medical records. Current medications were not addressed in the available pages of the 3/25/15 orthopedic agreed medical examiner report. No other progress reports were in the submitted medical records. The utilization review report dated 5/6/15 indicated that the PR-2 progress reports dated 3/12/15 and 4/22/15 noted that the current medications were Tramadol, Ibuprofen, Flexeril, and Lidoderm. The PR-2 progress reports dated 3/12/15 and 4/22/15 were not in the submitted medical records for review. Urine drug screens for the dates of service 04/20/15 and 04/22/15 were requested. Without the progress reports, the request for urine drug screen is not supported. Therefore, the request for urine drug screen for date of service 04/20/15 is not medically necessary.

**Retrospective (DOS: 04/22/15) Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The orthopedic agreed medical examiner report dated March 25, 2015 documented a history of chronic lumbo-sacral strain. Pages 1, 2, 5, and 6 of the orthopedic agreed medical examiner report were in the submitted medical records. The remaining pages were not in the submitted medical records. Current medications were not addressed in the available pages of the 3/25/15 orthopedic agreed medical examiner report. No other progress reports were in the submitted

medical records. The utilization review report dated 5/6/15 indicated that the PR-2 progress reports dated 3/12/15 and 4/22/15 noted that the current medications were Tramadol, Ibuprofen, Flexeril, and Lidoderm. The PR-2 progress reports dated 3/12/15 and 4/22/15 were not in the submitted medical records for review. Urine drug screens for the dates of service 04/20/15 and 04/22/15 were requested. Without the progress reports, the request for urine drug screen is not supported. Therefore, the request for urine drug screen for date of service 04/22/15 is not medically necessary.