

<b>Case Number:</b>	CM15-0089499		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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 63-year-old male, with a reported date of injury of 06/11/2007. The diagnoses include lumbar discogenic disease and status post L4-5 and L5-S1 laminectomy. Treatments to date have included a computerized tomography (CT) myelogram of the lumbar spine on 03/31/2015, which showed multilevel degenerative changes and no post-operative complications; oral medications; topical medication; CT scan of the lumbar spine on 01/15/2015; and urine drug screens. The progress report dated 02/23/2015 indicates that the injured worker complained of low back pain with radiation into this right leg. There was severe burning pain if the injured worker sits or stands too long. A physical examination of the lumbar spine showed reasonable range of motion; negative straight leg raise test; excellent strength in the abductor hallucis longus and foot flexors; and a normal gait. The urine toxicology review dated 02/28/2015 indicates that the urine sample (collected on 02/23/2015) from the injured worker was inconsistent with his prescribed medications. The medical records include the report of multiple urine toxicology reviews. The treating physician requested a multiple class urine drug screen (date of service: 02/28/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Multiple class urine drug screen (DOS: 02/28/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT) Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Screening.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective multiple class urine drug testing data service February 28, 2015 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 diagnosis is lumbar discogenic disease, status post L4 - L5 and L5 - S1 laminectomy. Documentation from a February 23, 2015 progress note states prior urine drug toxicology screens were consistent and "show proper compliance with medications". The documentation shows a urine drug screen was performed on September 29, 2014, October 29, 2014, December 3, 2014, and December 30, 2014. There is no documentation demonstrating aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment the medical record indicating the worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse with prior consistent urine drug screens, retrospective multiple class urine drug testing data service February 28, 2015 is not medically necessary.