

<b>Case Number:</b>	CM14-0131724		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in . 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old man with a date of injury of December 2, 2014. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated August 28, 2014, the IW presents for evaluation after his last appointment on July 31, 2014. The IW states that he continues to benefit from Norco 10mg, Flexeril 10mg and denies nausea, vomiting, constipation, over-sedation or epigastric pain. The IW complains of low back pain that increases with standing, or walking for more than a few minutes and has issues with bending, twisting, squatting, and stooping. He has been using a cane for ambulation. Physical examination reveals no signs of sedation. The IW is alert and oriented. Spasms and tenderness of the lumbar spine is noted with decreased range of motion. There is no lower extremity edema or swelling. Diagnoses include: Intractable lumbar pain, and lumbar radiculopathy. Recommendations include: Continue Norco 10mg and Flexeril 10mg with no changes being made. Consider a course of physical therapy. Evaluations to remain on a monthly basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, the urine drug screen (UDS) is not medically necessary. The guidelines state 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. This information includes clinical observation, results of addictions screening, pill counts and prescription drug monitoring reports. Ongoing monitoring is indicated if the patient has evidence of high risk of addiction, has a history of aberrant behavior, family history of substance abuse. Ongoing your drug testing is indicated as an adjunct to monitoring along with clinical exams and the accounts. In this case, the July 2014 progress note referenced the urine toxicology screen. There was no reason or rationale given for the UDS. There is no documentation in the medical record as to suspected prescription drug use, misuse or diversion of prescribed substances. Additionally, there is no indication in the medical record that the patient was intoxicated or under the influence of any illicit/illegal substances. Consequently there was no concern for misuse or abuse of prescription drugs and the urine drug testing/UDS is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Urine Toxicology Screen is not medically necessary.