

<b>Case Number:</b>	CM15-0010586		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/04/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, 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 (IW) is a 47 year old male who sustained an industrial injury on 10/04/2005. He has reported chronic lumbosacral pain due to failed back surgery syndrome. The diagnoses include lumbago, low back pain, radiculitis, lumbar, thoracic, and long term use of medications. Treatment to date has included narcotic analgesics, which are felt to decrease pain and improve function and quality of life. Currently, the Injured Worker complains of severe pain in the low back. According to the primary treating physician's progress report of 12/09/2014, he tried to detox off of meds but pain was too severe without them. Current medications include Norco 10 mg-324mg tablet, 1-2 tablets by mouth every 4-5 hours prn not more than 8/day, Zanaflex 4mg tablets by mouth twice daily, MSER 60 mg tablet, 1 tablet by mouth three times a day not to exceed 2-3 per day. A request was made on 12/22/2015 for Drug Screens x6. On 12/22/2014 Utilization Review non-certified a request for Urine Drug Screen (UDS) QTY: 6.00 noting there was no discussion of the UDS results and actions taken according to the results so further UDS testing would not be supported. MTUS, Chronic Pain Guidelines, Opioids 47 were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug Screen QTY: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen #6 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 and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of context screening to three times the year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes a required testing as often as once per month. In this case, the injured worker's working diagnoses are lumbago, low back pain; radiculitis, lumbar, thoracic; and encounter for long-term drug use, NEC. Subjectively, the injured worker complains of continued low back pain, which is severe. The injured worker attempted to detox off meds but the pain was severe without meds. There are issues with erectile dysfunction. Pain scale is 6/10 with medicines and 7/10 without medicines. Objectively, there is tenderness of the lumbar spine facet joints. Range of motion was decreased. Medications include Morphine Sulfate ER 60mg, Norco 10/325mg, as well as Zanaflex 4mg. The documentation does not contain a clinical rationale for ordering a urine drug screen in the quantity of #6. The documentation does not contain a clinical indication for one urine drug screen. A urine drug screen was completed on September 16th 2014 that was inconsistent for gabapentin. A repeat UDS was performed on December 9, 2014 and was consistent. There are no risk assessments in the medical record. There are no pain assessments in the medical record. Consequently, absent clinical documentation with a rationale to support #6 urine drug screens, urine drug screens #6 is not medically necessary.