

<b>Case Number:</b>	CM15-0017952		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on November 15, 2013. The diagnoses have included lumbar sprains/strains and lumbar radiculopathy. Treatment to date has included MRI, physical therapy, acupuncture, home stretching, work modifications, rest, urine drug screen on December 3, 2014, and medications, including topical compound cream, muscle relaxant, pain, and laxative medications. On December 18, 2014, the treating physician noted intermittent, moderate sharp lower back pain and stiffness with numbness and tingling. The physical exam revealed mildly decreased lumbar range of motion and bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, and sacrum were tender to palpation. Straight leg raise caused pain and Lasegue's caused pain bilaterally at 65 degrees. On December 30, 2014, Utilization Review non-certified a request for a repeat urine drug screen, noting the lack of documentation for the patient being at moderate risk of addiction and misuse. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines- Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** This patient presents with complaints of intermittent moderate sharp low back pain and stiffness with numbness and tingling. The current request is for repeat urine drug screen. The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The patient is current utilizing Protonix, Norflex, Sennosides and Tramadol ER. The treating physician requested a urine drug screening "for the purpose of confirming adherence to prescribed medication." Review of the medical files indicates that urine toxicology was administered on 10/8/14 and 11/21/14, and a request for a repeat UDS was made on 12/3/14. There is no discussion as to why such frequent testing is required. There is no discussion regarding this patient being at risk for aberrant behaviors. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." The requested UDS IS NOT medically necessary.