

<b>Case Number:</b>	CM15-0112899		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 67-year-old male who sustained an industrial injury on 10/18/10 when he lifted a bag of leaves and immediately felt back pain radiating to the right buttocks. He currently complains of worsening low back pain and increasing leg pain bilaterally with numbness and tingling. His pain level is 8/10. Medications lessen the pain and allow him to be functional. On physical exam of the lumbar spine there was tenderness in the paraspinal muscles with decreased range of motion, positive straight leg raise bilaterally, decreased sensation posterior leg. Medications are Lexapro, Norco, Wellbutrin, Voltaren, and Neurontin. Per note dated 1/12/15, the injured worker has benefit from Norco. He had a urine toxicology screen 11/18/14 and it was consistent with medications prescribed. CURES report from 12/8/14 is consistent with a sole provider of narcotic medications. There is an opioid signed agreement. Diagnoses include lumbar degenerative disc disease; chronic low back pain; lumbar radiculitis; annular tear of the lumbar disc; myofascial pain; depression. Treatments to date include lumbar epidural injections X2 with two weeks of pain relief; medications. On 1/12/15, the treating provider's plan of care includes checking a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Quantitative Drug Screening by LC/MS Method (DOS 1/12/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective quantitative drug screen by LC/MS method date of service January 12, 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 diagnoses are lumbar degenerative disc disease; chronic low back pain; lumbar radiculitis; annular tear lumbar disc; myofascial pain; and depression. The date of injury is October 18, 2010. The earliest urine drug screen is dated June 16, 2014 there was positive for opiates. The injured worker takes Norco and Lexapro. A urine drug screen was positive for opiates July 15, 2014. Similarly, a urine drug screen was positive for opiates November 18, 2014. There is no clinical indication for a quantitative drug screen on January 12, 2015. The injured worker has three prior urine drug screens. There is no clinical rationale and the record for frequent urine drug screenings in the absence of a high risk for drug misuse or abuse. There is no documentation of aberrant drug related behavior. There is no documentation of frequent refills prior to their expiration date. There is no clinical rationale in the medical record for a repeat urine drug toxicology screen. There is no clinical rationale in the medical record for a quantitative drug screen. Consequently, absent clinical documentation with a clinical indication and rationale, 3 consistent urine drug toxicology screens with known opiate use (Norco) and evidence of aberrant drug related behavior, drug misuse or abuse, retrospective quantitative drug screen by LC/MS method date of service January 12, 2015 is not medically necessary.