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| <b>Case Number:</b>   | CM15-0113100 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 11/15/2008 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/11/2015 |
| <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

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 (IW) is a 30 year old female who sustained an industrial injury on 11/15/2008. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having herniated discs L4-5 and L5-S1 status post laminectomies, overweight with comorbidities, and status post anterior/posterior lumbar fusion (09/21/2012). Treatment to date has included surgery and medications. Currently (04/21/2015), the injured worker complains of increased pain about the right ankle/foot region that is painful with movement. She rates her pain at a 5/10. She also has lower back pain with pain and numbness radiating into the right lower extremity into the right foot. She rates her lower back pain at a 5. The worker has stopped taking Norco recently. Tenderness is noted over the dorsum of the right foot extending across the metatarsal bases. Passive movement of the right foot elicits pain across the metatarsals. There is decreased range of motion in all planes of the right ankle. She walks with a slight antalgic gait, favoring her right lower extremity. The treatment plan is to release the worker to modified work since 04/21/2015, and re-evaluate the worker in 4 weeks. A request for authorization is made for an Outpatient urine drug screen to be performed at next office visit for medication compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine drug screen to be performed at next office visit for medication compliance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. The patient is also noted to have stopped taking Norco recently. Treatment plan remains unchanged. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Outpatient urine drug screen to be performed at next office visit for medication compliance is not medically necessary or appropriate.