

<b>Case Number:</b>	CM15-0118382		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old male who sustained an industrial injury on 7/16/09. Diagnoses are lumbar strain, thoracic strain, lumbar discogenic disease- L5-S1 bulging, history of type 2 diabetes. In a progress report dated 4/14/15, a primary treating physician notes a urine sample will be taken this visit and every 3 months to document compliance and appropriate drug use. Current medications are Tramadol, Gabapentin, and Tizanidine, all taken at night. The pain medications keep his pain level at a 1-2 out of 10 most of the time. Physical therapy made him too sore, so he stopped it. He is stable and doing well on medications. He is working regular duty and having no troubles. He is only taking his medications at night and they help him through the day. He has had no flare-ups and is pleased with how things are going at this time. Work status is that he is working regular duty. Previous treatment includes MRI of the lumbar spine, myofascial release, physical therapy, nabumetone, and carisoprodol. The treatment requested is for a retrospective urine drug screen done- 4/14/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro UDS DOS 4/14/15 Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, steps to avoid misuse/addiction Page(s): 43 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

**Decision rationale:** Retro UDS DOS 4/14/15 Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends random urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen screens were performed on a regular basis (10/15/14; 11/17/14; 12/16/14; 1/13/15; 2/11/15; 3/16/15; and then again 4/14/15) rather than at random intervals recommended by the MTUS. Furthermore, there is no evidence that the patient has had aberrant behavior. The request for urine drug screen 4/14/15 is not medically necessary.