

<b>Case Number:</b>	CM15-0121419		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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:

This 37 year old man sustained an industrial injury on 4/22/2008 after a slip and fall. He first sought treatment a few days later after being sent home on the day of the incident. Evaluations include an undated electromyogram and undated CT scanogram. Diagnoses include lumbar discogenic disease and thoracic pain with radiation to the chest. Treatment has included oral medications, physical therapy, bilateral sacroiliac injections, and epidural steroid injections. Physician notes from the pain management specialist dated 3/31/2015 show complaints of mid and low back pain with radiation to the bilateral lower extremities. Recommendations include Cyclobenzaprine, Naproxen, Omeprazole, Norco, and follow up in one month. It is noted that a urine drug screen was sent out during this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Urine Drug Screen, QTY: 1, provided on date of service: 04/28/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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 request urine drug screen #1 date service April 28, 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 discogenic disease L4- L5 and L5 - S1 with radicular loss at L4 and L5 on the right and decreased on the right abductor hallucis longus, for flexor and positive leg lift on the right; and thoracic pain. The date of injury is April 22, 2008. The request for authorization is May 7, 2015. According to her progress note dated April 28, 2015, the injured worker is stable on medications. There are no subjective symptoms or complaints noted in the medical record. Current medications include hydrocodone gabapentin, tizanidine, naproxen and omeprazole. The injured worker is not a surgical candidate and is permanent and stationary. A consistent urine drug toxicology screen was performed March 2, 2015. There is no clinical discussion of aberrant drug-related behavior, drug misuse or abuse. There is no indication/clinical rationale in the medical record for repeating the urine drug toxicology screen seven weeks later. Consequently, absent clinical documentation with a clinical indication and rationale for repeating a urine drug toxicology screen seven weeks after a consistent UDS and no documentation of aberrant drug-related behavior, drug misuse or abuse, retrospective request urine drug screen #1 date service April 28, 2015 is not medically necessary.