

<b>Case Number:</b>	CM15-0124758		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 60-year-old male, who sustained an industrial injury on 8/11/09. The injured worker has complaints of low back pain radiating into the lower extremities, left greater than right. The documentation on the May 20, 2015 noted that the injured worker had a fall recently and was seeking care for possible left knee cortisone injection. The documentation noted that spasm and guarding is noted at the lumbar spine. The diagnoses have included syndrome post-laminectomy lumbar; other pain disorders related to psychological factors; reduction deformities of brain; sciatica and lumbago. Treatment to date has included lumbar laminectomy in September 2010; Ambien; methadone; Tizanidine; celexa; Lorazepam; testosterone replacement; psychology sessions; transcutaneous electrical nerve stimulation unit; ice and home exercise program. The request was for 3 annual drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 annual drug screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain (Chronic): Urine Drug testing (UDT) (2015).

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

**Decision rationale:** 3 annual drug screens are not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends 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 ODG states that patients at moderate risk for addiction / aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The documentation indicates that the patient has a prior history of alcohol abuse and psychiatric issues therefore the provider states that the patient is at moderate risk. The documentation indicates that there were prior non certifications for methadone therefore the request for 3 annual drug screens cannot be certified as medically necessary as the MTUS and the ODG recommend urine drug screens for patients on opioids. The request for 3 annual drug screens is not medically necessary.