

<b>Case Number:</b>	CM15-0127246		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Emergency 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 43 year old male, who sustained an industrial injury on 9/5/14. He reported low back pain that radiated to the right lower extremity accompanied by weakness and numbness. The injured worker was diagnosed as having right L5-S1 herniated disc, status post decompression and rule out recurrent herniated disc, instability. Treatment to date has included urine drug screen, surgery, acupuncture, injections, MRI, X-ray, physical therapy and chiropractic care. Currently, the injured worker complains of back and right leg pain described as burning, throbbing, pressure and numbing. The pain is constant and rated 6-7/10. The pain is exacerbated by lying down, sitting and walking. The injured worker is diagnosed with lumbar strain/sprain with right radiculopathy, post lumbar surgery, and right radiculopathy. His work status is temporary total disabled. A noted dated 1/14/15 states the injured worker was unable to tolerate physical therapy due to increased pain and he did not experience any significant improvement with acupuncture or chiropractic care. A noted dated 6/10/15 states the injured worker is experiencing efficacy from muscle relaxants for his spasms. He reported efficacy from anti-inflammatory medication, but developed reflux and required medication to combat this. A note dated 6/15/15 states the injured worker experiences improvement in pain symptoms with medication from 8/10 to 5/10. On examination, of the same date, there is a decreased range of motion in the cervical and lumbar spine. A sensory deficit in the right calf, decreased strength and an altered gait is noted. There are lumbar tenderness and muscle spasms noted and a decreased range of motion in the lumbosacral spine. The following, urine drug screen per 6/10/15 order is requested to monitor medication compliance and efficacy. Rationale for UDS

was not provided in progress note, progress note merely claims that UDS was somehow does not require UR. A urine drug screen report dated 6/10/15 was provided for review but since this test is under independent medical review, the results of the test was not reviewed. A letter of appeal dated 6/14/15 was reviewed. Except for a random assortment of medical-legal and random quotes from various unrelated sources, the letter provides no medical or clinical information concerning denial. Last urine drug screen dated 3/16/15 was positive for hydrocodone, hydromorphone and cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine Drug Screen per 6/10/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Urine drug testing (UDT).

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS from 3/16/15, 3months prior to current requested test. Patient is noted to be on cyclobenzaprine, tramadol and percocets. Moderate or high risk patients may qualify for frequent urine testing but due to the lack of documentation of risk of abuse and/or refusal to provide any rationale for test does not support another urine drug screen so close to an appropriate prior result. Urine Drug Screen is not medically necessary.