

<b>Case Number:</b>	CM15-0172265		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: 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 is a 39-year-old male who sustained an industrial injury on 10-13-2014. According to a progress report dated 07-01-2015, the injured worker reported lower back pain rated 10 on a scale of 1-10 without medications and 4 with medications. Lower back pain was associated with radiating pain, tingling and numbness to right more than left lower extremities. Also noted was, "Right hip: Left hip dull and aching pain" rated 6 without medications and 4 with medications. He reported loss of sleep due to pain. He reported anxiety and depression. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Examination of the right hip demonstrated tenderness to palpation of the anterior hip, lateral hip and posterior hip. Diagnoses included lumbar radiculopathy, lumbar sprain strain, and right hip sprain strain, loss of sleep, other insomnia, anxiety and depression. The treatment plan included Prilosec, Tramadol, Cyclobenzaprine, and topical compound creams. Shockwave therapy was requested. The injured worker was to follow up in 4 weeks. He was to remain off work until 08-15-2015. A urine drug screen was obtained and was negative for any substances. This report was submitted for review. Records show that the injured worker had been dispensed Tramadol on 05-06-2015, 07-01-2015 and 07-29-2015. On 08-18-2015, Utilization Review non-certified the request for urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** The patient presents with pain in the lumbar spine, rated 4/10 with medication and 6/10 without medication. The request is for URINE TOXICOLOGY. Physical examination to the lumbar spine on 07/29/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Per 07/01/15 progress report, patient's diagnosis includes lumbar radiculopathy, lumbar sprain/sprain, right hip sprain/strain, loss of sleep, other insomnia, anxiety, and depression. Patient's medications, per 06/03/15 progress report include Prilosec, Tramadol, and compound creams. Per 07/29/15 progress report, patient is to remain off work until 09/12/15. MTUS Chronic Pain Medical Treatment Guidelines, page 43, for Drug Testing states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC Guidelines, Pain Chapter, under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater has not specifically discussed this request; no RFA was provided either. The patient was prescribed Tramadol (an opiate) since at least 06/03/15. Review of the medical records provided indicate that the patient had one urine drug screen test on 07/02/15, which showed inconsistent results for patient's medications. ODG guidelines support urine drug testing when there are unexpected results. The request appears to be reasonable, is within the guideline recommendations, and therefore, IS medically necessary.