

<b>Case Number:</b>	CM15-0175457		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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:

The injured worker is a 49 year old male with an industrial injury dated 11-11-2014. Medical record review indicates he is being treated for lumbar radiculopathy and lumbar sprain-strain. She presents on 07-23-2015 with complaints of burning pain in the lower back, radiating to lower extremities with numbness and tingling. "Pain without medication is 7 out of 10; medication helps decrease pain to 3 out of 10." Other complaints included achy pain in left foot. "Pain without medication is 5 out of 10; medication helps decrease pain to 2 out of 10." Physical exam noted no bruising or swelling present in lumbar spine. Documentation notes a decrease in range of motion with pain and muscle spasms. "Tenderness was noted in lumbar paravertebral muscles." "Medication helps increase ranges of motion and control muscle spasms." Her current medications are listed as Naproxen, Pantoprazole and Norco. Prior treatment included acupuncture and physical therapy. The request for authorization dated 07-23-2015 is for urine toxicology screen: Confirmation for medication management/specimen collection and handling. On 08-05-2015 the request for urine toxicology screen: Confirmation for medication management/specimen collection and handling was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen: Confirmation for medication management/specimen collection and handling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Drug testing; Opioids screening for risk of addiction (tests).

**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 section, Urine drug screening.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen, confirmation for medical management, specimen collection and handling 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 radiculopathy; and lumbar sprain strain. Date of injury is November 11, 2014. Request for authorization is August 5, 2015. According to a July 23, 2015 progress note, subjective complaints include low back pain that radiates to the lower extremity and left foot pain. Medications include Naprosyn, Norco and pantoprazole. There is no clinical indication a rationale for urine drug screen. There is no documentation of aberrant drug-related behavior, drug misuse or abuse or a risk assessment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse, no risk assessment and no clinical indication or rationale for performing a urine drug toxicology screen, urine toxicology screen, confirmation for medical management, specimen collection and handling is not medically necessary.