

<b>Case Number:</b>	CM15-0179780		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: 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 65-year-old male, who sustained an industrial injury on 4-26-2010. The injured worker is being treated for chronic pain syndrome, lumbar stenosis and lumbar radiculopathy. Treatment to date has included acupuncture, physical therapy, injections and medications. Medications as of 8-10-2015 include Gabapentin and Lansoprazole. Per the Secondary Treating Physician's Progress Report dated 8-10-2015, the injured worker presented for follow-up. He reported lower back pain with radiation to his left leg. He states that he is currently not taking any pain medication. Objective findings included severe palpable spasms to the bilateral paravertebral musculature with a positive twitch response. There was severe pain with lumbar extension, and decreased range of motion of the lumbar spine due to pain. Per the medical records, dated 2-24-2015 to 8-10-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. He has been taking Lansoprazole since at least 2-24-2015. Per the notes dated 2-24-2015, he has not taken Zorvolex the month. Per the record dated 4-07-2015, he had a urine drug screen, which was negative for narcotics. Zorvolex was discontinued as of this date as the IW chooses to not take pain medication. He was not taking any pain medications as of 8-10-2015. The plan of care on 8-10-2015 included medication management and authorization was requested on 8-12-2015 for Lansoprazole, a follow-up visit, appeal for acupuncture, and a urine drug screen performed on 8-10-2015. On 9-11-2015, Utilization Review non-certified the request for urine drug screen.

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

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

**Retrospective Urine drug screen per 8/10/15 order qty 1.00:** Upheld

**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, Opioids, screening for risk of addiction (tests).

**Decision rationale:** The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The patient already had a prior urine drug-screening test that was negative. He refused to take pain medicine and was not to be started on narcotic pain meds. Therefore, repeat of the drug-screening test was not indicated and is not medically necessary.