

<b>Case Number:</b>	CM15-0179991		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/18/2015
<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: Arizona, Texas

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 69 year old male who sustained an industrial injury on 03-22-2013. Current diagnoses includes lumbar spinal stenosis, lumbar spondylolisthesis, lumbosacral neuritis, and disorders of the sacrum. Report dated 08-10-2015 noted that the injured worker (IW) presented with complaints that included radiating low back pain with numbness and tingling in left lower extremity. Pain level was 8 out of 10 on a visual analog scale (VAS) without medications, and 5 out of 10 after taking medications. There is also reports of muscle spasms which are relieved with muscle relaxants. Current medications include: Norco for pain, topical Methoderm for pain, and an cyclobenzaprine. The treating physician states that the medications allow for improved self-care and activities of daily living versus not having medications. Physical examination performed on 08-10-2015 revealed mild weakness and numbness on the left L5, positive bow-string and straight leg raises on the left, an antalgic gait with use of a cane, unable to heel walk on the left, unable to toe walk bilaterally, decreased lumbar range of motion by 40%, and tenderness to palpation of the lumbar spine. Previous diagnostic studies include a urine drug screenings collected on 02-23-2015 and 05-18-2015. The results for the screening dated 02-23-2015, showed consistent results with prescribed medications; however, the results from the screening, dated 05-18-2015 were not available for review and there was no discussion of these results. Previous treatments included medications, electrical stimulation. The treatment plan included continuation of current medications (Norco and Methoderm), urine drug screening, continue home exercise program, and follow up. Request for authorization dated 08-11-2015, included requests for a retrospective urine drug

screening (full panel) with a date of service 08-10-2015. The utilization review dated 08-17-2015, non-certified the request for retrospective urine drug screening (full panel) with a date of service 08-10-2015.

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

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

**Retrospective urine drug screening (full panel) (DOS 08/10/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests).

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but does not give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation does not support that the provider is concerned regarding drug misuse or abuse. The medical necessity for UDS is not medically necessary.