

<b>Case Number:</b>	CM15-0046192		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 51 year old male who sustained an industrial injury on 08/30/2012. Diagnoses include possible lumbar discogenic pain/possible bilateral lumbar facet pain L4-L5; L5-S1 left more than right, possible lumbar sprain/strain, constant left lumbosacral radicular pain L5-S1 pain, and stress syndrome. Treatment to date has included diagnostics, medications, lumbar nerve root blocks, last given 01/06/2015, chiropractic sessions, acupuncture, aqua therapy, physical therapy, and home exercise program. A physician progress note dated 01/15/2015 documents the injured worker has continued pain in his lower back. He is anxious and has insomnia. Progress note is hand written and illegible. On 03/24/2015 a Pain Management Reevaluation report documents the injured worker has constant low back pain radiating into the left lower extremity associated with tingling, numbness, and weakness. Pain was rated as 4 out of 10 on the pain scale. Pain is limiting function and activities of daily living. The injured worker does not want surgery at this time and has selected pain management whenever he gets a flare up of pain. Treatment requested is for re-evaluation, and a Urine Drug Screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient was injured on 08/30/2012 and presents with low back pain radiating into the left lower extremity associated with tingling, numbness, and weakness. The request is for a urine drug screen. The utilization review denial rationale is that, "Since there is no indication this physician is going to prescribe chronic opiates, there is no necessity for the physician to perform urine drug testing per MTUS Guidelines." The RFA is dated 11/19/2014 and the patient is to remain off work. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 01/15/2015, the patient is taking tramadol, omeprazole, and Elavil. There are no other recent reports provided which lists the medications the patient is taking. The reason for the request is not provided. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high at risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on tramadol. Monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen is medically necessary.

**Re-Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient was injured on 08/30/2012 and presents with low back pain radiating into the left lower extremity associated with tingling, numbness, and weakness. The request is for a reevaluation. The utilization review denial rationale is that "Since the current provider is a secondary specialist, ongoing routine follow-up in the absence of a specific plan for additional treatment is not necessary." The RFA is dated 11/19/2014 and the patient is to remain off work. ACOEM Practice Guidelines, Second Edition, 2004, page 127, has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The reason for the request is not provided and there is no

indication of who this evaluation will be with or what the purpose of this evaluation is.  
Therefore, due to lack of discussion, the requested re-evaluation is not medically necessary.