

<b>Case Number:</b>	CM15-0067326		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 41 year old male who sustained an industrial injury on June 2, 2010. He has reported injury to the low back and has been diagnosed with status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment has included medical imaging, surgery, medications, physical therapy, and acupuncture. Currently the injured worker complains of pain in the low back with numbness and tingling at the bottom of the feet. The treatment request included urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing 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 status post lumbar laminectomy; lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. The injured worker was referred to an orthopedic surgeon in consultation. The orthopedic surgeon requested a random urine drug screen. The requesting physician wishes to establish a baseline and ensure compliance of medications. The current list of medications include Robaxin, Naproxen, and Xanax. There was no risk assessment in the medical record. There was no aberrant drug-related behavior or drug misuse or abuse documented. The injured worker was not currently taking opiates. There was no clinical indication or rationale in the medical record based on the medical record documentation. Consequently, absent clinical documentation with a clinical indication/rationale, no history of aberrant drug-related behavior, a risk assessment and a current list of medications that did not include opiates, urine drug testing is not medically necessary.