

<b>Case Number:</b>	CM15-0067713		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/16/2015
<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

Certification(s)/Specialty: Emergency 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 43 year old female who sustained an industrial injury on 2/7/13 while trying to prevent a resident from falling. She grabbed the resident's pants and felt a sharp popping in the lower back with intense pain in the low back. The pain also shot up to the mid-back, neck and began causing headaches. She currently complains of lumbar spine pain with radiation to the posterior lateral thighs into the calves; mid-back pain between the shoulder blades; neck pain; headaches due to neck pain; anxiety; depression. Her pain level is 4-5/10 with medication and 8/10 with no medication. Medications are Norco, Mentherm topical cream, Flexaril, Cymbalta. Diagnoses include lumbosacral strain with right greater than left lumbar radiculopathy; thoracic strain; cervical strain; cervicogenic headaches; chronic pain syndrome with significant secondary depression due to chronic pain syndrome; diabetes. Treatments to date include home exercise program, psychiatric evaluation, medications. Diagnostics include lumbar spine x-ray (9/20/13) unremarkable; MRI of the lumbar spine (9/20/13) abnormal; cervical spine x-ray (11/25/13) abnormal; MRI arthrogram of the right hip (12/20/13) abnormal. In the progress note dated 3/9/15, the treating provider indicates that he will not request labs as the medications are denied. There was a request for retrospective urine drug screen (10/27/14) and prospective 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, performed on October 27, 2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, ?Drug testing? Page(s): 43.

**Decision rationale:** The requested Urine drug screen, performed on October 27, 2014, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has lumbar spine pain with radiation to the posterior lateral thighs into the calves; mid-back pain between the shoulder blades; neck pain; headaches due to neck pain; anxiety; depression. The treating physician has documented lumbosacral strain with right greater than left lumbar radiculopathy; thoracic strain; cervical strain; cervicogenic headaches; chronic pain syndrome with significant secondary depression due to chronic pain syndrome; diabetes. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen, performed on October 27, 2014 is not medically necessary.

**Prospective urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, ?Drug testing? Page(s): 43.

**Decision rationale:** Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has lumbar spine pain with radiation to the posterior lateral thighs into the calves; mid-back pain between the shoulder blades; neck pain; headaches due to neck pain; anxiety; depression. The treating physician has documented lumbosacral strain with right greater than left lumbar radiculopathy; thoracic strain; cervical strain; cervicogenic headaches; chronic pain syndrome with significant secondary depression due to chronic pain

syndrome; diabetes. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Prospective urine drug screen is not medically necessary.