

<b>Case Number:</b>	CM15-0073608		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male who sustained an industrial injury to the lower back on 03/22/2012. The injured worker was diagnosed with lumbosacral radiculopathy. The injured worker has a history of a cervical fusion in the past. Treatment to date includes diagnostic testing, H-wave, transcutaneous electrical nerve stimulation (TEN's) unit, massage, chiropractic therapy, heat therapy, exercises and medications. According to the primary treating physician's progress report on March 31, 2015, the injured worker returns for a follow up evaluation for low back and leg pain. The injured worker reports Norco gives him about 50% pain relief and Neurontin about 30% with his pain level rated as 5/10. Examination of the lumbar spine demonstrated normal straight leg raise on the right and positive on the left. There was no tenderness to palpation or pain over the lumbar paravertebral spaces, bilateral sacroiliac (SI) joints and lumbar facets. There were palpable positive twitch trigger points in the lumbar paraspinal muscles with pain on anterior flexion motion. Sensation of the lower extremities was intact except for diminished at the left foot. Current medications are listed as Norco and Neurontin. Treatment plan consists of continuing with current medication regimen and the current request for a urine drug screening next office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” According to the medical records, UDS performed in April and November of 2014 was consistent with the patient's prescribed medications (except for Norco, which was taken as needed and at low dose). There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.