

<b>Case Number:</b>	CM15-0090014		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Pain Management

### 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 56-year-old female, who sustained an industrial injury on September 27, 2001. She reported low back pain and neck pain. The injured worker was diagnosed as having chronic pain syndrome, narcotic dependency, post lumbar laminectomy pain syndrome, status post posterior lumbar interbody fusion and decompression at lumbar 4 through sacral 1 with instrumentation, status post lumbar hardware removal and exploration fusion in August 2011, chronic left lumbar radiculopathy and status post cervical ACDF, non-instrumented in 2003. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the cervical spine and lumbar spine, physical therapy, chiropractic care, medications, pain management and work restrictions. Notes indicate that the patient is using morphine and Norco. Currently, the injured worker complains of low back pain with associated pain tingling and numbness radiating to the left lower extremity, neck pain and depression. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued complaints of pain as noted with associated symptoms. Radiographic imaging of the cervical spine revealed scoliotic curvature and post-surgical changes. Radiographic imaging of the lumbar spine revealed post-surgical changes, degenerative changes and disc protrusions. Two separate urinary drug screens were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two separate urine drug screens: Qualitative and Quantitative: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening/toxicology testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screening/toxicology testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for Two separate urine drug screens: Qualitative and Quantitative, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested two separate urine drug screens: Qualitative and Quantitative is not medically necessary.