

<b>Case Number:</b>	CM15-0096595		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 46-year-old male, who sustained an industrial/work injury on 12/26/11. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar spine strain/sprain, with discogenic pain and protrusions of L4-5, L5-S1, annular tears, and spondylosis, left ulnar nerve neuropathy, and bilateral carpal tunnel syndrome. Treatment to date has included medication, physical therapy, acupuncture, chiropractic care, and epidural steroid injection. An EMG/NCS (electromyography/nerve conduction velocity) revealed neuropathy across the wrist and mild left ulnar motor demyelinating neuropathy across the elbow. Currently, the injured worker complains of low back pain and pain in the right lower extremity with numbness affecting the right thigh. The pain was intermittent and would shoot down the right thigh into the calf. Per the primary physician's progress report (PR-2) on 4/13/15, examination revealed tenderness of the medial epicondyle over the left ulnar nerve, decreased sensation of the left upper extremity, bilateral lumbar paraspinal tenderness right > left, 1+ palpable muscle spasm, pain with extension and rotation of the lumbar spine, tenderness of L4-S1 surrounding the musculature with slight tenderness over the paravertebral joints L4-L5 and L5-S1, pain with lumbar extension, rotation, and lateral bending, reduced lumbar range of motion, slightly decreased sensation of the right anterolateral thigh, and active symmetrical Achilles reflexes. Current plan of care included lumbar discogram, continue medication, and drug testing to ensure compliance. The requested treatments include 4 Urine drug screens over 1 year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 Urine drug screens over 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens, Steps to avoid misuse of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 4 Urine drug screens over 1 year is not medically necessary and appropriate.