

<b>Case Number:</b>	CM13-0003502		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/11/1995
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60-year-old employee with date of injury of 7/11/1995. Medical records indicate the patient is undergoing treatment for brachial neuritis/radiculitis, degenerative lumbar disease, and status post lumbar fusion. Subjective complaints include increasing numbness and tingling in her extremities; pain is located in back, neck and thoracic medial; pain level is 5/10. Objective findings no asymmetry in upper extremities and no atrophy noted. Reflexes are unchanged. The patient says her spinal cord stimulator is no longer working. There are notable muscle spasms in the paraspinals well as the gluteal and the iliolumbar. Minimal SI joint tenderness. Negative SI notch tenderness. Straight leg raise is positive on the right, negative on the left. Treatment has consisted of Gabapentin, Norco, Celebrex, Avenza and a CT scan of the cervical spine to assess the increasing upper extremity performed under the fluoroscope. A UA drug screen was performed and returned positive for opiates on 6/27/2013. The utilization review determination was rendered on 7/12/2013 recommending not medically necessary of urine drug screen collected on 06/27/2013 and referral of urine sample to outside lab for confirmation of results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen collected on 06/27/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** The California MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is not enough documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time, has provided no evidence of red flags and previous dates of screening. As such, the request for urine drug screen collected on 6/27/13 is not medically necessary.

**Referral of urine sample to outside lab for confirmation of results:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

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