

<b>Case Number:</b>	CM13-0029602		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/29/1994
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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:

The patient is a 60-year-old male who reported an injury on 12/29/94. He has chronic lumbar and cervical pain, which have been managed with medications, yoga, and psychological support. The patient's medications included Norco, Elavil, Lodine, and Lyrica, and he is routinely monitored for aberrant behavior with urine drug screens. The most recent clinical findings revealed decreased cervical range of motion and decreased lumbosacral range of motion with motor strength graded at 5/5, and a positive Tinel's and Phalen's test in the bilateral wrists and hands. The patient's diagnoses included flare-up of neck pain, cervical disc injury, lumbosacral disc injury, cervical sprain/strain injury, and myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for an outpatient random urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical documentation submitted for review indicates that the patient is on medications that require monitoring for aberrant behavior, and the California Medical

Treatment Utilization Schedule recommends periodic monitoring of a patient that is using opioids to manage their chronic pain; however, the Official Disability Guidelines state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis after that. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. The clinical documentation submitted for review does not provide evidence that the patient has undergone a point of care test. Additionally, there is no documentation that the patient is considered moderate or high risk for aberrant behavior. The patient has already had one urine drug screen within the past year that was consistent with the patient's prescribed medication schedule. As such, the requested outpatient random urine drug screen is not medically necessary or appropriate.