

<b>Case Number:</b>	CM13-0031955		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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, has a subspecialty in Interventional Spine 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.

### CLINICAL CASE SUMMARY

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

Patient is 60 YO, female with a date of injury of 12/22/2011. As stated on medical reports by [REDACTED], patient suffers from C3-4 anterolisthesis, bilateral cervical radiculopathy secondary to marked foraminal stenosis at C3-C7, grade I L5-S1 unstable spondylolisthesis, L2-3, L3-4, and L5-S1 disc herniation with a foraminal stenosis, and bilateral knee and right shoulder pain. In the progress report dated 10/04/2012, [REDACTED] prescribes Norco and Ultram for relief of pain and ordered a UDS for compliance and screening. Progress reports dated 11/14/2012, 1/20/2013, and 04/24/2013 discuss patient's long list of complaints and states patient does not request any refills on medications. Progress report dated 03/13/2013 indicates patient continues to use pain medications only for severe pain and does not request a refill at this visit. Two AME reports, dated 10/24/2012 and 05/17/2012, both have no discussion on patient's regimen of pain medications and show no concern of overuse or abuse of opioids. Recent UDS performed on dates 05/14/2013, 03/13/2013, and 01/30/2013, which show consistent findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen, DOS: 5/14/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of urine drug testing.

**Decision rationale:** Patient suffers from C3-4 anterolisthesis, bilateral cervical radiculopathy secondary to marked foraminal stenosis at C3-C7, grade I L5-S1 unstable spondylolisthesis, L2-3, L3-4, and L5-S1 disc herniation with a foraminal stenosis, and bilateral knee and right shoulder pain. In the progress report dated 10/04/2012, [REDACTED] prescribed Norco and Ultram for relief of pain and order a UDS for compliance and screening. Progress reports dated 11/14/2012, 1/20/2013, and 04/24/2013 discuss patient's long list of complaints and states patient does not request any refills on medications. Progress report dated 03/13/2013 indicates patient continues to use pain medications only for severe pain and does not request a refill at this visit. AME reports, dated 10/24/2012 and 05/17/2012, both have no discussion on patient's regimen of pain medications and seem to show no concern of overuse or abuse of opioids. Recent UDS performed on dates 05/14/2013, 03/13/2013, and 01/30/2013 show consistent findings. Although Urine drug screens are recommended by MTUS for appropriate management of opiates medication, frequent drug screens are recommended when there is misuse of opioids, and in particular, for those at high risk of abuse. In this patient, high risk behavior has not been documented. In fact, the patient is using opiates only sporadically and in some visits the patient has not required refills of opiates. While MTUS does not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 1/30/13 and 3/13/13. The UDS obtained on 5/14/13, therefore, was not necessary and excessive. Recommendation is for denial.