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| <b>Case Number:</b>   | CM13-0034235 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 10/04/2006 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/11/2013 |

### 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 Internal Medicine 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 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:

The patient had his initial injury in 2006 and suffered lumbar pain. Since that time he was seen by various primary care and specialist physicians. A diagnosis of disc protrusion at L3-4 and L5-S1 was made based on results of an MRI done on 11/29/06. He was recommended to have surgery, but refused such treatment. In 2007 he had two (2) epidural injections, which seemed to give some pain relief. On 4/13/13, it was noted that he had a urine drug test, which did not show evidence of Ultram or any other illicit drug use. Also there was no evidence of his prescribed medication, Ultram. Again on 7/8/13, he had an exam with a new primary care provider who noted that the patient was on Neurontin and a urine drug screen was ordered, which again was negative for the medication. The requesting physician desired to get a retroactive authorization, which was denied by the utilization based on inadequate supporting information. In review of the records, there is no evidence of any drug seeking behavior or actions which would suspect one to exhibit who has a drug problem. There were two (2) notes that described symptoms, such as irritability, restlessness, insomnia and poor memory, which could be attributable to depression, but these entries were noted in 2007 and 2011. We also note that the patient was never referred to a psychiatrist or put on an antidepressant medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN BETWEEN 7/8/2013 AND 7/29/2013: 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 and Opioids Page(s): 43, 86, 87, 88, and 94.

**Decision rationale:** The Chronic Pain Guidelines indicate that drug testing is an option to assess the use or presence of illegal drugs. The guidelines also indicate that frequent random urine testing can be used in order to avoid misuse or addiction to medications. Regarding opioids, the guidelines list various signs to look for to detect possible drug misuse. They include: 1) adverse consequences such as decrease in functioning, observed intoxications, and affective states; 2) impaired control of medication use, such as failure to bring in unused meds, dose escalation without physician approval, early prescription requests, reporting lost or stolen meds, unscheduled office visits for "distress", frequent emergency room (ER) visits, and family reports of overuse; 3) craving and preoccupation, which could manifest as non-compliance with other treatments, missed appointments, no interest in rehabilitation, lack of improvement of symptoms, and preoccupation with opioids; and 4) adverse behavior, which includes selling drugs, forging prescriptions, concurrent use of alcohol, tobacco, or other drugs, obtaining medications from non medical sources, history of personal or family drug problems, history of legal problems, and multiple motor vehicle accidents, or psychological problems. In conclusion, the use of urine for drug testing is to assess for the presence or use of illegal drugs and the section on opioids give various observations to aid one in making the determination that the patient is at risk for this problem. However, in reviewing the records the patient's only possible indicator would be his symptoms reported in 2007 and 2011, which could be compatible with depression. There was no recent mention was made of this and that he never was noted to be on any treatment for depression. There is no indication that he had a previous drug screen in April of 2013, which was negative for any drugs, including his prescribed medication. If the current physician needed to find out if he was taking his medications, a call to his pharmacy would have provided this information. Since there was no indication of any drug seeking behavior or abuse, a urine screen for drugs was not indicated.