

<b>Case Number:</b>	CM13-0043300		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/12/1997
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 is a 65-year-old, injured June 12, 1997, and with chronic neck pain and headache. The patient is status-post cervical fusion C4-7, and is on short and long-acting morphine, as well as methadone. Treating provider is requesting drug screening. The request was approved with modification, and this is being appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE URINE DRUG SCREEN:** Overturned

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

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

**Decision rationale:** The patient has had annual urine drug screening since August 8, 2011, with baseline completed May of 2009. All screening was concordant with prescribing, per treating provider report. There is no ORT, or other formal risk assessment for screening for potential for misuse. However, her consistent results over the years has the appearance of stability and conformity with treatment recommendations. For those with low risk for abuse, initial testing within 6 months of starting therapy, and annually thereafter is recommended. The last screen's point of care testing (11-panel) was consistent with prescribed medication, however

"confirmatory" testing showed other medications not tested on the screen, including carisoprodol. Fentanyl and tapentadol (previously prescribed) were found on "confirmation" testing, but it is not clear whether they would have triggered a positive screen for opiates, giving rise to concern that "confirmation" testing was really a mass screening test for a large quantity of substances. According to the Chronic Pain Medical Treatment Guidelines for chronic pain, urine drug testing can be done at point of care. Confirmation testing is recommended for inconsistent results only (e.g. non-prescribed positive result or negative result for prescribed medication). Therefore, the request for prospective urinary drugs screens are medically necessary and appropriate.