

<b>Case Number:</b>	CM13-0054433		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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:

This is a 57-year old gentleman with a date of injury of 2/09/12. The mechanism of injury was being thrown to the ground after being hit in the back by the scoop arm of a back hoe. The patient broke the fall with both hand extended on the ground. He sustained injury to the lumbar spine, right shoulder and bilateral hands/wrists. With regards to the lumbar injury, the patient has had conservative care, including meds and physical therapy. The patient went on to have a lumbar ESI with lysis of lumbar adhesions on 8/30/12. With regards to the wrist, the patient had conservative care, but eventually had a left wrist TFCC repair on 11/15/12. With regards to the shoulder, the patient had conservative care, and due to persistent symptoms had right shoulder arthroscopy on 7/18/13. Throughout this period of treatment, the patient has had extensive pre and post-op PT. The patient has been treated for pain with opioid pain medications. Multiple UDS labs have been done. It is unclear why there was such a high frequency, as there was no evidence of inappropriate/illegal use. The submitted reports indicate that in 2013, UDS was done in April May, June, and August. There may have been more UDS labs than this, as this request was reviewed in Utilization Review on 11/12/12, 2/09/13, 5/23/13, 6/21/13, and 10/21/13. There was one approval, dated to 8/07/13. The rationale for approval was that the patient was about to have surgery, and opioids would be required. The rationale for the multiple non-certifications was a lack of documented addressing of inconsistent UDS findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**urine drug testing:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 85, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

**Decision rationale:** This is a patient with a history of chronic opioid pain medication use. The guidelines clearly support ongoing use of urine drug screening/toxicology for the purpose of monitoring compliance, identifying undisclosed substances, and uncovering diversion of prescribed substances. For moderate risk patients, 2-3 tests per year are adequate. More frequent testing may be required for higher risk patients, or when there are inconsistencies. In this case, though there have been multiple tests/requests for testing done, there have been multiple denials that have accompanied these multiple tests. From a pure medical necessity standpoint, one cannot get away from the fact that UDS is guideline supported and actually required for ongoing chronic opioid pain medication use. As of such, medical necessity for urine drug testing is established.