

<b>Case Number:</b>	CM14-0007258		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Family Medicine, has a subspecialty in Nutrition/Lifestyle and is licensed to practice in New Jersey. 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 worker is a 55 year old male who injured his left shoulder, left arm, and head after falling off of a ladder on 5/21/11. Later he complained of left shoulder, head, lower back, and left knee pain following the accident and was diagnosed with cervical strain, lumbar strain, left knee strain, left knee chondromalacia patella, chronic headaches, insomnia, anxiety, depression, tinnitus, cerebral mass, dizziness, and left shoulder impingement syndrome with acromioclavicular joint pain. He was treated with physical therapy including aqua therapy, oral medications including opioids, chiropractic therapy which included ultrasound, massage, EMS and adjustments, as well as cortisone injection to left knee, topical analgesics, and surgery. As he had been prescribed and was using opioids, drug screening was done on 2/15/13 which was clean. On 12/31/13 he was seen by his treating physician, when the worker complained of moderate levels of pain in his left shoulder, neck, low back and left knee. The worker reported taking Tramadol 150 mg as needed for pain, but that the dose was too strong. He also reported using Naprosyn, topical analgesics, and Gabapentin for pain as well as Xanax for sleep and Prilosec to protect his stomach. The worker was sent home with a prescription for Tylenol, refills on Naprosyn and Prilosec, referral for neuropsychological testing for his tinnitus and dizziness, and an order for another urine toxicology test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY TEST QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary, updated 10/14/2113, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS Page(s): 77-78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, who used Tramadol occasionally for pain, there was no clear evidence as seen from the progress notes provided that he was at risk of abuse or addiction or poor pain control. He even thought that the dose of Tramadol was too strong. His history of depression and anxiety was the only closest indicator from the notes provided suggesting the urine drug screen be used. He had at least one screen which was completely clean, and future urine drug screening for this particular patient seems excessive and not warranted. For this reason, the urine toxicology test is not medically necessary.