

<b>Case Number:</b>	CM14-0102249		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational 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 request for independent medical review was signed on July 2, 2014. It is for the urine drug screen was done on May 13, 2014. There was ongoing, shooting, constant low back pain and right shoulder pain. The pain radiated down to the bilateral thighs. The pain was rated as eight out of 10. It increases with bending, lifting, rising from a seated position, sexual activity, standing and stress. The diagnoses were cervical brachial syndrome, complete rotator cuff rupture and lumbar sprain strain. A point of care urine drug screen was negative for opiates and positive for barbiturates, methadone and oxycodone. The specimen was sent to the lab for confirmatory testing. The patient has had 10 sessions of physical therapy. The previous reviewer noted that confirmatory testing must be supported by a clear rationale. The patient is maintained on tramadol and opiate medicine and the test was negative for the prescribed medicine and positive for non prescribed medicines as well as illicit medicines. The previous reviewer felt the request fails to meet the recommendation for documentation and consists discussion of the inconsistent results and so the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen done 5/13/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) - Treatment in Workers' Compensation (TWC) regarding Pain (updated 04/10/14),  
Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
43.

**Decision rationale:** Regarding urine drug testing, the MTUS states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." In this case, there are illicit and non-prescribed drugs and medicines in the specimen detected through the screening. These are highly significant, meaningful findings. The test was markedly abnormal, showing drugs that were not prescribed. As there are issues of potential drug misuse, which much be addressed firmly by the provider, and could result in potential ending of an opiate contract. On this case, therefore, the request is medically necessary.