

<b>Case Number:</b>	CM14-0120121		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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 is a 71-year-old female who has submitted a claim for cervical syndrome, osteoarthritis of the leg, brachial neuritis, cervicgia, cervical spondylosis, associated with an industrial injury date of August 14, 2004. Medical records from 2014 were reviewed. The latest progress report, dated 06/30/2014, showed occipital headache and low back pain radiating into feet. The pain was constant which was described as sharp, pins & needles, stabbing, numbness, and burning sensation. Physical examination revealed a well-nourished and well-hydrated patient not in acute distress. There was right paralumbar tenderness with restricted range of motion. There was sciatic notch tenderness at the right side. There was decreased sensation to pin at bilateral T10, T11, and T12. There was mechanical allodynia to 4 inches above ankles. Treatment to date has included nerve/block injections, epidural steroids, psychiatrist/psychologist consult, intrathecal pump, and medications such as Dilaudid, Fioricet, Lidoderm, Promethazine, Cyclobenzaprine, Desipramine, Roxicodone, Ambien, Zoloft, Prednisone, Prilosec, Calcium, and Vitamin D. Utilization review from 07/07/2014 denied the request for toxicology screen with reason not specified. There was a previous utilization review, dated 1/16/2014, which denied the request for toxicology screen because given the claimant's risk stratification as low risk, the guidelines would support annual urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Criteria for use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there was no documented rationale for the request of urine toxicology. Furthermore, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. There was also no suspicion of substance misuse from the physician. The patient needs only one urine drug screen a year as cited by the guidelines. The medical necessity has not been established since the recent documented urine toxicology was on 05/14/2014, consistent with prescribed medications. Therefore, the request for Toxicology Screen is not medically necessary.