

<b>Case Number:</b>	CM14-0142376		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 43-year-old female who has submitted a claim for neural encroachment of L4 to L5 with radiculopathy, and rule out right shoulder impingement associated with an industrial injury date of 3/30/2012. Medical records from 2014 were reviewed. The patient complained of right shoulder pain rated 9/10 in severity. She likewise experienced low back pain graded 6/10 in severity, radiating to bilateral lower extremities, right worse than left. Patient experienced reactive depression. She reported that medications provided symptomatic relief and allowed her to perform activities of daily living. Physical examination of the right shoulder showed tenderness, limited motion, and atrophy. There was spasm of the trapezius. Examination of the lumbar spine showed tenderness and limited motion. Straight leg raise test was positive. Urine drug screen from 10/17/2014 showed inconsistent results with prescription medications. Treatment to date has included use of a back brace, right carpal tunnel release, physical therapy, right radial tunnel release, and medications such as tramadol and cyclobenzaprine (since January 2014). Utilization review from 8/22/2014 modified the request for retrospective review of urine toxicology screen (DOS 7/28/2014) into 10 panel random urine toxicology screen for a quantitative testing and approval of confirmatory laboratory testing only performed upon inconsistent results; and denied prospective review of urine toxicology screen because of lack of documented results from screening performed on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Toxicology Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Procedure Summary, Indications for UDT; Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient had been on tramadol and cyclobenzaprine since January 2014. Urine drug screen from 10/17/2014 showed inconsistent results with prescription medications. Monitoring of drug compliance was necessary due to a high probability of aberrant drug behavior. However, the present request as submitted failed to indicate specific date for retrospective review. The request was incomplete; therefore, the request for Retrospective Urine Toxicology Screen is not medically necessary.

**Prospective Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Procedure Summary, Urine Drug Testing, Indications for UDT; Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient has been on tramadol and cyclobenzaprine since January 2014. Urine drug screen from 10/17/2014 showed inconsistent results with prescription medications. Monitoring of drug compliance is necessary due to a high probability of aberrant drug behavior. The medical necessity has been established. Therefore, the request for Prospective Urine Toxicology Screen is medically necessary.