

<b>Case Number:</b>	CM14-0169078		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Preventive 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:

According to the records made available for review, this is a 43-year-old female with a 5/6/13 date of injury. At the time (8/14/14) of request for authorization for Retrospective request for urine drug screen (multiple classes) and reporting, DOS: 8/14/14, there is documentation of subjective (low back pain radiating to the legs with numbness; and neck pain radiating into the C7 nerve root with numbness in the hands) and objective (positive leg lift test bilaterally, decreased strength of the abductor hallucis longus and foot extensors bilaterally, decreased sensation in the C7 and L4 distributions, and mild spasm of the trapezius muscles bilaterally) findings, current diagnoses (cervical discogenic disease, lumbar discogenic disease, and shoulder pain), and treatment to date (medications (Tylenol and Cyclobenzaprine)). Medical report identifies that patient has had gastric bypass surgery in the past and cannot tolerate pain medications (including opioids). In addition, medical reports identify urine drug screens performed on 6/17/14 and 7/10/14. There is no documentation of on-going opioid treatment and that the patient is at "moderate or high risk" of addiction, misuse, and adverse outcomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Urine Drug Screen (Multiple Classes) and reporting, DOS: 8/14/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical discogenic disease, lumbar discogenic disease, and shoulder pain. However, given documentation that the patient is currently utilizing Tylenol and Cyclobenzaprine, and cannot tolerate pain medications (including opioids) due to a previous history of gastric bypass surgery, there is no documentation of on-going opioid treatment. In addition, given documentation of previous urine drug screens performed on 6/17/14 and 7/10/14, there is no documentation that the patient is at "moderate or high risk" of addiction, misuse, and adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for urine drug screen (multiple classes) and reporting, DOS: 8/14/14 is not medically necessary.