

<b>Case Number:</b>	CM14-0169294		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/07/1993
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<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 Family Practice 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 68-year-old male who sustained an industrial injury on 9/7/1993. The patient is status post anterior cervical fusion in 2011 and 2012. He is diagnosed with degenerative lumbar/lumbosacral intervertebral disc, lumbar displacement without myelopathy, lumbar spondylosis without myelopathy, thoracic/lumbosacral neuritis/radiculitis, pain in ankle joint, lumbago, thoracic spine pain, brachial neuritis/radiculitis, cervicgia, and post laminectomy syndrome cervical region. The medical records indicate that the patient underwent urine drug screenings on February, March, April, June, and July 2014. The patient was evaluated on August 8, 2014 complaining of severe low back pain. He has severe hypogonadism secondary to his chronic opioid use. He also suffers from chronic severe neck pain with radiation status post disc replacement and fusion. He also suffers from left lower leg pain following fractures in 2011 requiring fusion with plates and screws (nonindustrial). Current medications consist of Fentanyl, Gabapentin, Anhydrous gel, Bupropion, Acetaminophen, Omeprazole, Pantoprazole, Levitra, Diovan, Clonidine, and Atorvastatin. UDS on July 9, 2014 was concordant. Fentanyl patch, gabapentin, and anhydrous gel were renewed. Urine drug testing was requested. It is noted that UDT and CURES are appropriate. UR dated 10/1/14 retrospectively non-certified Urine drug testing DOS 8/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug testing (retrospective DOS 8/11/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Use of Urine Drug Testing [http://www.odg-twc.com/Criteria for Use of Urine Drug Testing](http://www.odg-twc.com/Criteria%20for%20Use%20of%20Urine%20Drug%20Testing)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test , Opioids Criteria for use Page(s): 43, 75-78.

**Decision rationale:** While random urine drug screens are recommended for patients utilizing opioid medication, the records do not establish that he is at high risk of addiction, has a history of aberrant behavior, or has a history of substance dependence to warrant a high frequency of urine drug screens. The guidelines recommend that a patient at low risk of adverse outcomes be monitored randomly at approximately every 6 months. The medical records indicate that the patient has undergone urine drug testing on a monthly interval. The examination report on 8/8/14 noted that UDS on 7/9/14 was appropriate. The medical necessity of the patient undergoing urine drug screens at a frequency greater than approximately every 6 months. The request for Urine drug testing (retrospective DOS 8/11/14) is not medically necessary.