

<b>Case Number:</b>	CM14-0020502		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/03/2001
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 54 year old female who was injured from 1/3/2001 to 11/14/2003. The diagnoses are post laminectomy back syndrome, fibromyalgia, shoulder and lower extremities pain. There are associated diagnoses of insomnia, anxiety and depression. The patient had completed PT, pool therapy and TENS unit treatments. On 2/28/2014, [REDACTED] / [REDACTED] documented subjective complaints of pain all over the body. There was absence of aberrant behavior. The medications are listed as tramadol and hydrocodone for pain, cyclobenzaprine for muscle spasm, Ativan and fluoxetine for anxiety and depression. The UDS on 9/16/2013, 12/6/2013 and 1/7/2014 was consistent with the presence of prescribed medications and absence of non-prescribed or illicit drugs. A Utilization Review determination was rendered on 2/14/2014 recommending non certification for retrospective request for 1 urinalysis drug screening done on 1/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR 1 URINALYSIS DRUG SCREENING: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43,74-80.

**Decision rationale:** The CA MTUS addressed the monitoring measures that are necessary during chronic opioid treatment. The guideline recommend urine drug testing during initiation of chronic opioids, at termination and randomly at a frequency of 2 to 4 times a year and for 'cause' or aberrant behaviors suggestive of abuse or misuse. The documentation should include screening forms reports for aberrant drug behavior, substance abuse, psychosocial dysfunction, dependency and addiction. There is no documentation of aberrant drug related behaviors. The Urine Drug Screen (UDS) done on 9/16/2013 and 12/6/2013 was consistent. The patient did not meet the criteria for the Urine Drug Screen (UDS) done on 1/7/2014 -a retrospective request.