

<b>Case Number:</b>	CM14-0022398		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 management, and is licensed to practice in California and Maryland. 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 53-year-old male with a 12/4/06 date of injury to the low back. The diagnosis includes degenerative lumbar disc disease. The patient presented on 1/6/14 and described low back and left ankle pain. The currently prescribed medications include Zolpidem, Pantoprazole, and Talwin. Clinically, there was a significant antalgic gait; diffuse tenderness in the lumbar spine, and normal range of motion. Talwin NX was rotation to methadone. Most recently on 2/3/14 there was discussion regarding continued opioid use for pain control. Medication and toxicological urine testing in order to comply with Drug Enforcement Administration (DEA) and state guidelines was recommended. An opioid agreement was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) quarterly urine drug screens:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opiates, steps to avoid misuse/addiction, and Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including prescribing controlled substances (May 2009), pgs. 10 & 32-33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78. Decision based on Non-MTUS Citation ACOEM Guidelines for the Chronic Use of

Opioids (2011).

[http://www.acoem.org/uploadedFiles/Knowledge\\_Centers/Practice\\_Guidelines/Chronic%20Pain%20Opioid%202011.pdf](http://www.acoem.org/uploadedFiles/Knowledge_Centers/Practice_Guidelines/Chronic%20Pain%20Opioid%202011.pdf).

**Decision rationale:** The CA MTUS guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The MTUS guidelines recommends twice a year urine screening. However, for those patients at high risk for abuse, frequent random urine toxicology screens should be performed. The ACOEM Chronic Use of Opioids Guidelines states that routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Urine drug screen is indicated for all patients on chronic opioids for chronic pain. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, the provided progress notes did not describe a urine drug screen in 2014. It is noted that the patient has a high risk stratification profile on opiates including methadone. As the request is in accordance with the CA MTUS and the ACOEM Chronic Use of Opioids Guidelines, the request for four urine drug screens, one each quarter is certified.