

<b>Case Number:</b>	CM14-0039697		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, 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 an injured worker with the diagnoses of cervical sprain and strain with upper extremity radiculopathy, lumbar sprain and strain with herniated bulging discs and lower extremity radiculopathy; status post left knee arthroscopy, right knee sprain and strain, and psychological sequela. Date of injury was 07-22-2009. Treatment has included acupuncture and chiropractic sessions. Orthopedic reevaluation report dated February 26, 2014 documented subjective complaints of pain and stiffness in his cervical spine and lumbar spine with pain radiating down both arias and legs as well as pain in both knees. He also complains of depression, anxiety and difficulty sleeping. He continues to utilize medications as needed. Examination of the cervical spine demonstrates tenderness, spasms, and limited range of motion. Examination of the lumbar spine demonstrates tenderness, spasms, pain in both buttocks and lower extremities, limited range of motion, positive straight leg raise bilaterally and decreased reflexes and sensation in the lower extremities. Examination of the knees demonstrates tenderness and limited range of motion. Treatment recommendations included additional chiropractic and acupuncture and referral to pain management for medication management. The patient is using Cialis, Avodart, and Doxazosin. Dexilant was recommended. An inversion table was recommended. Herbal pain patches were recommended in addition to topical ointments. Urinalysis for medication was requested. Psychiatric progress report dated 1/9/14 documented medications Vicodin, Naproxen, Viibryd, and Lunesta. Utilization review determination date was 4/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine analysis:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page 43; Opioids, criteria for use pages 76-77; Opioids, pain treatment agreement.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Vicodin and Lunesta which are controlled substances. The patient has psychological conditions and has been prescribed multiple medications. Urine toxicology screen was requested. Per MTUS, frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Medical records and MTUS guidelines support the medical necessity of urine drug testing. Therefore, the request for Urine analysis is medically necessary.