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| <b>Case Number:</b>   | CM14-0045451 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 08/09/2012 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2014 |

### 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 Occupational 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 a 39-year-old male who has submitted a claim for mild left L5 radiculopathy, chronic myofascial pain syndrome, chronic daily headaches due to muscle contractions, NSAIDs-related gastritis, and left ankle sprain associated with an industrial injury date of 08/09/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of upper and lower back pain, graded 5-6/10, relieved by medications. Patient feels that current pain and discomfort is moderately impacting his general activity and enjoyment of life, including his ability to concentrate and interact with other people. He has problems sleeping, and remains depressed. Physical examination showed slightly-to-moderately restricted ranges of motion of the thoracic and lumbar spine. Multiple myofascial trigger points and taut bands were noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Sensation was decreased in the lateral and posterior aspects of the left calf and the dorsum of the left foot. Treatment to date has included medications, Physical Therapy, home exercise program, and trigger point injections. Utilization review, dated 03/20/2014, denied the request for urine drug screening because there was no documentation of aberrant behavior or evidence of drug misuse that would require frequent testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation (ODG-TWC), Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as he is currently being treated with mirtazapine for depression. Urine drug screening was performed on 01/08/2014, and was negative for all drugs tested. Guidelines allow for 2-3 urine drug tests per year for this patient, given that he is at moderate risk for opioid abuse. Therefore, the request for urine drug screening is medically necessary.