

<b>Case Number:</b>	CM14-0048439		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/02/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Pulmonary Diseases, 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 injured worker is a 70-year-old male with a reported injury date of 01/02/2005. The mechanism of injury was not provided. The injured worker had an examination on 02/27/2014 for a review of his medications. The injured worker is taking Norco, Colace, Coreg, Coumadin, Celexa and Cymbalta. The injured worker reported that he experienced significant side effects with Celexa and Cymbalta; to include headaches, aggravated depression with suicidal, homicidal thoughts. He did complain of chronic back pain, although he denied any radicular symptoms of his lower extremities. The pain medications did help him to facilitate his ability to perform activities of daily living more readily he did have difficulty with prolonged upright activities including sitting, standing, walking as well as any bending, twisting, or stooping activities. The injured worker tolerated standing or walking for only about 10 to 15 minutes with the use of his medications and without his medications he can only tolerate it for approximately 5 minutes. The injured worker reported that approximately 45 to 50% of reduction in pain when he used his Norco. His pain was on a level of 7 to 8 without meds and a 4/10 with meds. His diagnoses included chronic back pain, post-traumatic compression fracture at T12 with the wedge deformities at T8 and T9, likely lumbar degenerative disc disease and resolving pain-related depression. The recommended plan of treatment was for him to continue his current medication regimen and exercise program and to conduct urine screening also. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology - Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s),78 Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines do suggest that for ongoing monitoring of opioids to use the 4 domains, one of those domains does include occurrence of any potentially aberrant or nonadherent drug related behaviors. A drug screening test is used for the treatment with issues of abuse, addiction or poor pain control. The drug screening test will determine if there is any aberrant or nonadherent drug related behaviors. However, the current request does not include a frequency or quantity. There is no indication for qualitative or quantitative testing. As such, the request is not medically necessary and appropriate.