

<b>Case Number:</b>	CM14-0093135		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/27/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Management and is licensed to practice in 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 injured worker is a 54 year old female who was injured on 06/27/07. The mechanism of injury is not described. The injured worker complains of constant neck pain which radiates down the bilateral upper extremities and is associated with the sensation of "pins and needles." The injured worker is diagnosed with osteoarthritis of the upper extremities, musculoskeletal sprains/strain of the cervical spine and depression. Records indicate medication management is a component of the injured worker's treatment plan. Clinical note dated 02/06/14 notes dispensed medications included Naproxen, tramadol, Flexeril, Terocin Patches and omeprazole. Clinical note dated 02/08/14 notes that the injured worker has been advised to discontinue Flexeril and Naprosyn for four weeks due to sores in the mouth and notes the injured worker will only be dispensed Tramadol for pain relief and Omeprazole to prevent stomach upset. It is noted the injured worker was also provided Terocin pain patches. This statement regarding the discontinuation of medication due to oral sores is also found, verbatim, in each monthly clinical note from 03/08/14 through 05/10/14. It is not clear what medications the injured worker is anticipated to be taking. Retrospective requests for Active Med Specimen Collection Kit and a Urine Drug Screen were received for Utilization Review on 05/16/14. These requests were denied by utilization review determination dated 06/09/14 citing no indication the injured worker is taking controlled opiates/narcotics and no mention of a plan to place the injured worker on any such medications. This rationale also cites a lack of documentation mentioning a concern that the injured worker is abusing or misusing prescription or illicit drugs. This previous UR also notes the submitted requests are in reference to a date of service of 05/10/14 and note a laboratory report dated 05/15/14 was submitted for review. This is an appeal request for approval of retrospective Active Med Specimen Collection Kit and a Urine Drug Screen. A laboratory report

dated 05/15/14 is not submitted for review. A laboratory report dated 06/19/14 is submitted for review; however, this report has no bearing on the submitted request.12353

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Active Med Specimen Collection Kit (retrospective):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Criteria for Use of Opioids Page(s): 43 and 76 - 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** Records indicate the date of service indicated by this request is 05/10/14. California Medical Treatment Utilization Schedule indicates the use of a urine drug screen is to assess for the presence of illegal drugs or as an option for individuals who are prescribed opioids and demonstrate issues of abuse, addiction or poor pain control. Official Disability Guidelines supports the use of urine drug screens as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Submitted medical records do not clearly indicate what medications the injured worker was prescribed or was anticipated to have been taking on 05/10/14. Clinical note dated 05/10/14 notes the injured worker is to be dispensed tramadol 50 mg and is instructed to discontinue Flexeril and Naprosyn for a period of four weeks; however, this treatment plan is also submitted, verbatim, in preceding clinical notes dating back to 02/08/14. It does not appear the injured worker's medication lists were updated at each visit. As such, the injured worker's active medications at the time of the urine drug screen are not clearly identified. Records do not indicate the treating provider was concerned that the injured worker was at risk for abuse or misuse of prescription or illegal drugs. Records do not indicate the injured worker demonstrated signs of addiction or poor pain control. Based on the clinical information provided, medical necessity of the retrospective request for a Urine Drug Screen is not established. As such, the retrospective request for an Active Med Specimen Collection Kit is also not established as medically necessary.

**Urine Drug Screen (retrospective):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Criteria for Use of Opioids Page(s): 43 and 76 - 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** Records indicate the date of service indicated by this request is 05/10/14. California Medical Treatment Utilization Schedule indicates the use of a urine drug screen is to assess for the presence of illegal drugs or as an option for individuals who are prescribed opioids and demonstrate issues of abuse, addiction or poor pain control. Official Disability Guidelines supports the use of urine drug screens as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Submitted medical records do not clearly indicate what medications the injured worker was prescribed or was anticipated to have been taking on 05/10/14. Clinical note dated 05/10/14 notes the injured worker is to be dispensed Tramadol, 50 mg and is instructed to discontinue Flexeril and Naprosyn for a period of four weeks; however, this treatment plan is also submitted, verbatim, in preceding clinical notes dating back to 02/08/14. It does not appear the injured worker's medication lists were updated at each visit. As such, the injured worker's active medications at the time of the urine drug screen are not clearly identified. Records do not indicate the treating provider was concerned that the injured worker was at risk for abuse or misuse of prescription or illegal drugs. Records do not indicate the injured worker demonstrated signs of addiction or poor pain control. Based on the clinical information provided, medical necessity of the retrospective request for a Urine Drug Screen is not established.