

<b>Case Number:</b>	CM14-0093339		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/14/2014
<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 Physical Medicine and Rehabilitation and in Pain Medicine 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 47 year old male who sustained an injury to his low back on 06/04/10 after being involved in a motor vehicle accident. An exacerbation of prior neck and low back symptoms were noted in the clinical documentation. The injured worker did not see a doctor initially; however, the pain progressively increased and a personal injury attorney was retained. The personal injury attorney referred the injured worker to a chiropractor. The injured worker had physical therapy two times a week, followed by once a week for approximately three months. Treatment modalities included e-stim, hot/cold packs, massages, traction and chiropractic manipulation adjustments. The injured worker stated that these were helpful to the point where the thoracic spine only was now asymptomatic. Medications included naproxen, Tylenol, Zantac, muscle relaxant (the name of which the injured worker did not recall). The injured worker completed an additional round of extensive physical therapy and continued to complain of neck pain 5-7/10 on the visual analog scale (VAS) and low back pain 6-8/10. The injured worker was told to bring existing pill bottles for pill count and undergo urine comprehensive drug screen twice yearly, with initial screen for new patients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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), pg 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT).

**Decision rationale:** The request for urine drug screen is not medically necessary. Previous request was denied on the basis that the review of prior documentation available did not indicate active prescription opiate use. Current evidence based guidelines mention that frequent random drug screens are recommended in avoiding the misuse of opiates in injured workers that are under higher risk for abuse. The recommended interval is twice yearly, once during the period between January through June and then during July through December. Such testing may be administered prior to the initiation of opioid treatment. There was no additional significant objective clinical information provided that would support reversing previous adverse determination. There was no indication that the injured worker was on opioid medication and did not demonstrate any aberrant behaviors throughout the treatment course. Given this, the request for urine drug screen is not as medically necessary.