

<b>Case Number:</b>	CM14-0177106		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old patient with date of injury of 01/15/2014. Medical records indicate the patient is undergoing treatment for radiculopathy, lumbar region, low back pain, lumbar disc displacement and unspecified sprain of right hip. Subjective complaints include low back pain radiating down the right leg into foot and toe, described as burning, rated 9/10 with numbness and tingling of bilateral lower extremities. Objective findings include lumbar spine tenderness with palpation of paralumbar muscles and quadratus lumborum with trigger point noted on right side; tenderness with palpation of sciatic notch right over the left, paralumbar spasm noted greater on right; range of motion of lumbar spine - flexion to mid tibias, extension 0 degrees, right and left lateral flexion and left and right rotation 10 degrees; tripod sign, flip-test and Lasegue's differential positive bilaterally; tenderness to palpation at right greater trochanter, right hip ROM - flexion 100, extension 0, abduction 20, adduction 10. Treatment has consisted of acupuncture, Terocine patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. The utilization review determination was rendered on 09/23/2014 recommending non-certification of Urinalysis test for toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis test for toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse. Page(s): 74-96;108-109. 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 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urinalysis test for toxicology is not medically necessary.