

<b>Case Number:</b>	CM14-0188701		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Medicine, and is licensed to practice in Ohio. 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 63-year-old male with a date of injury of November 25, 2008. He has a cumulative trauma injury as a result of lifting heavy bags of cement frequently and has complained of low back pain radiating to the left lower extremity with associated numbness, neck pain, bilateral shoulder pain, and bilateral wrist pain. The diagnoses include herniated lumbar discs, lumbar facet arthropathy, lumbar spinal stenosis, lumbar radiculopathy, cervical degenerative disc disease; cervical facet arthropathy, urinary incontinence, and right shoulder acromioclavicular joint degenerative joint disease. The physical exam has revealed tenderness to palpation of the paracervical muscular regions, the right anterior shoulder and acromioclavicular joint, and the lumbar paraspinal musculature on the left and L5-S1. He has diminished sensation on the left side in the L4, L5, and S1 dermatome regions. He has had flare-ups of his pain perhaps three or four times a year for which he has been prescribed Norco and Soma in the past. He had another round of physical therapy the lumbar spine in June 2014. This resulted in resolution of his radicular pain. His only pain medication is Celebrex 200 mg. Urine drug screen has been performed on 6-21-2014 and 8-21-2014. A progress note from October 7, 2014 clearly stated that the provider was going to get a prescription for more Celebrex but that he had considered the injured worker improved. At issue is an order for an additional random urine drug screen from October 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One random urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77-80, 94.

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

**Decision rationale:** Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this instance, there is no reason to believe the injured worker is in any category other than 'low risk' for substance misuse. He has not been prescribed opioids for at least 6 months prior to this request and he has had 2 urine drug screens previously within the last 6 months, each of which showed no reason for concern. Therefore, a random urine toxicology screening is not medically necessary.