

<b>Case Number:</b>	CM14-0189160		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/18/2000
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/21/2014
<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 New York and New Jersey. 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:

This 50 year old female sustained a work related injury on 09/18/2000 when she injured her back while lifting someone. As of an office visit dated 08/29/2014, the injured worker had a history of chronic back pain. Pain was rated 6 to 10 on a scale of 1-10. Pain was characterized as sharp, dull, throbbing, burning, aching, electricity and pins and needles. Pain was constant and increased by walking. The pain was decreased by lying down and walking a lot. In the section of the progress notes labeled social habits the provider noted "patient admits to illicit drug use". Her diagnoses included encounter for therapeutic drug monitoring, long term use of other medications, morbid obesity, opioid type dependency, degenerative lumbar, chronic pain syndrome, lumbosacral spondylosis, unspecified thoracic/lumbar neuritis or radiculitis. According to the provider there was no unusual activity in the activity report from the Department of Justice, the injured worker was meeting goals of opioid therapy and she was taking her medication as prescribed. The medication was managing her pain so that she was able to function and perform activities of daily living. Plan of care included urine drug screen as part of the compliance program, renew Fentanyl patch, Tramadol ER, Remeron, cyclobenzaprine, Anaprox and Lidoderm patch and return to clinic in 4-6 weeks. There were no laboratory reports submitted for review. On 10/21/2014, Utilization Review non-certified retrospective urine drug screen and confirmation that was requested on 09/23/2014. According to the Utilization Review physician, there was no documentation of provider concerns for use of illicit drugs or non-compliance with prescription medication. There was also no documentation of the dates of the previous drug screens over the past 12 months, results or any potential related actions take. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen and confirmation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

**Decision rationale:** The request for a urine drug screen is considered medically necessary. The patient admits to having a history of illicit drug. Her medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. None have been included in the chart. The UR states there were no provider concerns for illicit drug use or non-compliance. However, because of her history and the abuse potential of opiates, it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.