

<b>Case Number:</b>	CM14-0190880		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45 year old male with an injury date on 08/14/2008. Based on the 10/09/2014 progress report provided by the treating physician, the diagnoses are: 1. Major depressive disorder (GAF 49)2. L3-4, L4-5 annular disc tear with chronic back pain.3. Cervical sprain/strain.4. Gastroesophageal reflux.5. Chronic pain syndrome6. Erectile dysfunction.7. Blindness secondary to toxoplasmosisAccording to this report, the patient complains of "persistent back pain, erectile dysfunction, and problems with sleep." Objective findings reveal "obvious severe visual impairment." Patient's gait is slow, restricted, and guarded. Tenderness is noted at the lumbar and cervical spine. Range of motion of the lumbar spine is restricted and painful. "A review of CURES report reveals that the patient is compliant with the undersigned and is not receiving medications from other physicians. Urinary drug screen is negative for opioids, consistent with intermittent use of Vicodin only."There were no other significant findings noted on this report. The utilization review denied the request for Urine Drug Test: Qualitative Point of Care Test and Quantitative Lab Confirmations- 4 separate urine drug test screens- Opioid every 60 days or at the physician's discretion on10/17/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/24/2014 to 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Test: Qualitative Point of Care Test and Quantitative Lab Confirmations- 4 separate urine drug test screens- Opioid every 60 days or at the physician's discretion:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

**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 under Urine drug screen

**Decision rationale:** According to the 10/09/2014 report, this patient presents with "persistent back pain, erectile dysfunction, and problems with sleep." Per this report, the current request is for Urine Drug Test: Qualitative Point of Care Test and Quantitative Lab Confirmations- 4 separate urine drug test screens- Opioid every 60 days or at the physician's discretion. Regarding UDS's, the MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users; the ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the report shows patient is compliant and result of the CURES and UDS is consistent. There were no discussions regarding the patient adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. Furthermore, the ODG guidelines states "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamics issues including variability in volumes of distribution (muscle density) and inter-individual and intra-individual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity." In this case, the request is for 4 UDS's with quantitative lab. Without opiate use risk assessment, once yearly on random basis is all that is recommended per the ODG. The ODG also does not support quantitative lab on all urine toxicology. The request is not medically necessary.