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| <b>Case Number:</b>   | CM14-0202798 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 10/05/2011 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 11/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Practice 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 53 year old male who reported an injury on 10/05/2011. The submitted documentation did not provide past clinical history or treatment history. Diagnosis include status post traumatic crush injury 3rd finger, bilateral wrist signs & symptoms, bilateral hand signs & symptoms, and anxiety. The treating physician's request for authorization (RFA) dated 09/11/2014 indicates the injured worker treatment plan was chiropractic therapy, urinalysis for toxicology, follow up in 4 weeks, interferential unit, motorized cold therapy, functional capacity evaluation, neuro consult, psyche evaluation, X-rays of both hands and wrists, and MRI of both hands and wrists. The injured worker was prescribed topical compound creams, Naproxen, Omeprazole, Tramadol, and Cyclobenzaprine. The treating orthopedic physician's progress note dated 10/23/2014 indicated the injured worker complained of ongoing bilateral pain to the hands and insomnia. Also note the physician's examination notes were hand written and difficult to read. The treatment plan included electromyography (EMG)/ nerve conduction studies (NCS) of the upper extremities, X-rays both hand, urine drug screen, MRI of the lumbar spine, x-rays of the lumbar spine, topical compound, chiropractic therapy, and a psych evaluation. The request is for a urinalysis for toxicology test which a Utilization Review denied on 11/13/2014 because there was no documentation that the injured worker was taking opiates, benzodiazepines, or hypnotics, etc. to support the medical necessity. ODG was utilized in the decision making.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 (UDT).

**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. 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. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. In this instance, it appears the injured worker may have been prescribed tramadol in September 11, 2014. A urine drug screen ordered at that time revealed no illicit substances. Subsequently a urine drug screen done October 23, 2014 revealed no evidence of tramadol however the record indicates that the medication was not in use at the time. Similarly, a urine drug screen from November 20, 2014 showed no tramadol but again there is a notation that no medication had been prescribed. Had the injured worker continued to receive opiates it may have been appropriate to categorize her medication abuse potential as 'high' given her history of depression. However, it appears that one prescription of tramadol was prescribed, but not subsequently. Therefore, at the time of the last 2 drug screens the injured worker was taking no prescribed, controlled substances. Hence, a urinalysis for toxicology test from November 20, 2014 was not medically necessary.