

<b>Case Number:</b>	CM14-0203045		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/24/2014
<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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 04/09/2007. The mechanism of injury was related to harassment at work. Her diagnoses included irritable bowel syndrome and acute gastritis. Her medications included ibuprofen, tramadol ER 150mg, Ondansetron 4mg. The progress report dated 10/23/2014 documented the injured worker as having complaints of constipation and trouble with sleep because of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 10/30/14: Urinalysis and chromatography qualitative urine drug screen and creatinine testing:** Upheld

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

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

**Decision rationale:** The request for Urinalysis and chromatography qualitative urine drug screen and creatinine testing, provided on October 30, 2014 is not medically necessary. The Official Disability Guidelines state indications for UDT include 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. Screening Assays: Typically, screening tests are based on immunoassays, which can be either laboratory-based or point-of-collection testing (POC). POC testing is also commonly referred to as 'dip-stick' testing. There is a lack of documentation regarding a CURES review, as well as current pain contract. With the lack of documentation regarding aberrant behaviors or positive findings upon using the urine drug testing using the dip stick method, the request for urinalysis and chromatography qualitative urine drug screen and creatinine testing, provided on October 30, 2014 is not medically necessary.