

<b>Case Number:</b>	CM14-0205140		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/30/2010
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 75 year old female with a work injury dated 1/30/10. The diagnoses include cervical spine herniated nucleus pulposus; right shoulder sprain/Strain, rule out internal derangement; history of glaucoma; tendonitis, carpal tunnel syndrome on the right; elevated blood pressure exacerbated by chronic pain; symptoms of anxiety and depression; symptom of insomnia. Under consideration is a request for retrospective urine toxicology screen (date of service 10/3/14). Per documentation a 10/3/14 progress note indicated that the patient had neck pain and pain down her right arm. On exam the cervical spine revealed tenderness to palpation and decreased range of motion. There is a positive cervical compression test and positive shoulder compression test. The treatment plan includes Prilosec, Norco, Ultram ER, Fexmid, Ambien and a urine toxicology screen. Per documentation a DWC Form RFA dated 1/20/14 was received from Labs for Physicians and Surgeons for a Chromatography, Quantitative (CPT 82491) on a urine sample. Results show tests for 53 drugs are all negative except positive for tramadol. The documentation also shows urine drug tests were done on 5/10/13, 9/11/13, 11/8/13, 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine toxicology screen (Date of Service: 10/3/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain, Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT). American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Chapter 7, Page 138, urine drug screens.

**Decision rationale:** Retrospective Urine toxicology screen (Date of Service: 10/3/14) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. 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. The documentation does not indicate evidence of high risk adverse outcomes from prior testing or high risk behavior. The documentation indicates that a urine toxicology was performed on 1/20/14. Without evidence of aberrant behavior a retrospective urine toxicology screen (date of service 10/3/14) was not medically necessary.