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| <b>Case Number:</b>   | CM14-0205442 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 11/24/2009 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <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. 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

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 patient is a 64 year-old male with a 11/24/2009 date of injury. According to the 10/22/14 initial pain management consultation, the patient presents with 5/10 bilateral shoulder and 8/10 low back pain. He underwent shoulder rotator cuff repair in 2010/2011, and lumbar fusion in 2012 with persistent low back pain. He has been diagnosed with post lumbar laminotomy pain syndrome, s/p L4/5 instrumented fusion, bilateral post laminotomy sacroiliitis; status post bilateral rotator cuff repair; possible seronegative spondylopathy. The patient takes tramadol, omeprazole, Lisinopril, Flexeril, and HCTZ. The plan was for a guided SI joint injection, continue with nonsteroidal anti-inflammatory naproxen. There is a separate 10/22/14 report for urine toxicology. On 11/12/2014 utilization review authorized a request for one left SI joint steroid injection with fluoroscopic guidance, but denied a request for 4 UDSs because the patient already had one on 7/28/14; and UR denied naproxen as the dosage and quantity were not known.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 urine drug screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

**Decision rationale:** The request is for 4 urine drug screens. The utilization review makes reference to a drug screen that was performed on 7/28/14. Records show that a drug screen was also requested on 4/8/14. The only lab provided for review was dated 10/22/14 and it was consistent. The available reports did not discuss the patient being above a low risk for aberrant drug behavior. The report that requests four urine drug screens was not available for review, so the rationale is not clear. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg. 43 under Drug testing states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being at high, medium or low risk. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. The request for 4 urine drug screens IS NOT medically necessary.