

<b>Case Number:</b>	CM14-0207625		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/18/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, 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 66 year old female with an injury date of 04/18/01. Based on the 08/18/14 progress report, the patient complains of inadequate sleep. She is "sleepy, yawning, [and] fatigued appearing." The 10/16/14 report indicates that the patient has low back pain and bilateral lower extremity pain. She has an antalgic gait and ambulates with a cane. The 11/14/14 report says that the patient has a heart rate of less than 40 and is falling asleep in the daytime. She is being tested for sleep apnea and may need a pacemaker. The patient's diagnoses include the following: 1.Chronic DVT with collateral circulation and new clots in the distended vessels 2.Falls secondary to pain 3.Anticoagulation for her chronic DVT's 4.Failed back surgery syndrome with a history of epidural fibrosis resulting in intractable low back and bilateral lower extremity neuropathic pain. The patient has had a spinal cord stimulator. 5.New onset bradycardia, unknown etiology 6.Due to patient's daytime somnolence and snoring at night, as well as bradycardia, the cardiologist has recommended a sleep apnea workup 7.Chronic opioid therapy 8.Disabled The utilization review determination being challenged is dated 12/02/14. Treatment reports were provided from 06/20/14- 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine drug screen (Dates of Service: 7/22/14, 8/18/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (updated 10/30/14)

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

**Decision rationale:** The patient presents with inadequate sleep and has a heart rate of less than 40. The retrospective request is for a Urine drug screen (DOS: 07/22/14, 08/18/14). While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide a clear recommendation. It recommends a once yearly urine drug screen following initial screening with the first six months for management of chronic opiate use in low risk patients. As of 07/22/14, the patient was taking MS Contin, Norco, Flexeril, and Lunesta. The 07/22/14 report indicates that the patient had a prior urine drug screen on 05/22/14 which showed "alcohol metabolites. The patient was counseled after that and counseled again today to abstain." The utilization review denial letter also says that the patient had a urine drug screen on 06/20/14; however, the results were not provided. In this case, the patient had prior urine drug screens on 05/22/14 and 06/20/14. The treating physician does not explain why a repeat UDS is required and there is no discussion regarding opiate risk management. In addition, the treating physician has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The request is not medically necessary.