

<b>Case Number:</b>	CM14-0210206		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 53-year-old man with a date of injury of May 26, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar facet joint pain at L4-L5 and L5-S1; lumbar facet joint arthropathy; GERD and GI upset; disturbed sleep cycle; constipation and hypertension; sexual dysfunction; bilateral upper cervical facet joint pain at C2-C3, and C3-C4; cervical facet joint arthropathy; right thoracic facet joint pain at T5-T6, and T6-T7; thoracic facet joint arthropathy; left shoulder internal derangement; status post left shoulder surgery; and right shoulder pain. Pursuant to the progress reports dated November 18, 2014, the IW complains of bilateral neck pain, right scapular pain, bilateral thoracic pain, bilateral shoulder pain, and bilateral lower back pain. Current medications include OxyContin 40mg, Robaxin, Lisinopril, Amlodipine, Humulin, Colace, Prilosec, Glucophage, Lipitor, and Melatonin. Objectively, the IW is alert and in no acute distress. The IW denies alcohol, tobacco, and drug abuse. The IW had a urine drug screen (UDS) on June 30, 2014, which was consistent. The treating physician reports that risks and benefits surrounding long-term opioid use for the treatment of chronic pain have been discussed with the IW. The IW verbalized understanding and wished to continue with his prescribed medications. The treating physician is recommending a random 12-panel urine drug screen given the injured worker's chronic opioid pain medications intake. The UDS was performed in the office on DOS: 11/18/14. The current request is for urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-office 12 panel Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, in office 12 panel urine drug screen is not medically necessary. 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. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, a urine drug screen was performed on June 30, 2014. The injured worker's working diagnoses are lumbar facet joint pain at L4 - L5 and L5 - S1; lumbar facet joint arthropathy; GERD and G.I. upset; disturbed sleep cycle; constipation and hypertension; sexual dysfunction; bilateral upper facet cervical joint pain at C2 - C3 and C3 - C4 cervical facet joint arthropathy; right thoracic facet joint pain at T5 - T6 and T6 - C7; thoracic facet joint arthropathy; left shoulder internal derangement; status post left shoulder surgery; and shoulder pain, right. Under recommendations the treating physician, in discussing his plan, recommends an in office random 12 panel urine drug screen given the patient's chronic opiate pain medication intake. The medical record does not contain documentation of drug seeking behavior, aberrant drug-related behavior, drug misuse or abuse. The injured worker had a consistent urine drug toxicology screen in June 2014. Random drug screens are not indicated in the low risk patient. Consequently, absent clinical indications pursuant to the documentation and guidelines, and in office 12 panel Urine Drug Screen is not medically necessary.