

<b>Case Number:</b>	CM14-0035098		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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 54-year-old female with a date of injury of 02/13/2004. According to progress report 02/10/2014, the patient slipped in the shower last Thursday due to leg weakness and injured her right hand. She also notes an increase in back pain after fall. Physical examination of the cervical spine revealed tenderness and pain with range of motion. There is substantial pain in the bilateral hands as well as swelling. The patient is unable to perform a fist. Examination of the lumbar spine revealed hypersensitivity to touch and right foot pain to touch. X-rays of the bilateral hands were taken which were within normal limits. The listed diagnoses are: 1. Status post lumbar fusion, possible drop foot on left. 2. Pain in shoulders. 3. Right elbow, right foot pain, urinary complaints, anxiety, and stress. 4. Bilateral wrist and hand pain, status post bilateral CTR. The request is for random urine drug screen and repeat lab testing. Utilization review denied the request on 03/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (Online Disability Guidelines) Chronic Pain Urine Drug Testing (UDT)

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

**Decision rationale:** This patient presents with an exacerbation in low back pain due to a fall inside the shower. The patient also complains of bilateral hand pain and weakness. The current request is for a random urine drug screen, per report 02/10/2014. While MTUS Guidelines do not specifically address how frequent UDS (urine drug screen) should be obtained for various risks of opiate users, the ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The patient's current medication regimen includes Nucynta, Gabapentin, Amitriptyline, and Celebrex. Review of the medical file indicates a urine drug screen was performed on 03/18/2014. It appears the treating physician administered the UDS without prior authorization. The requested UDS appears medically necessary for proper management of the patient's opiate use. Therefore, this request is medically necessary.

**Repeat Lab Testing (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** This patient presents with an exacerbation in low back pain due to a fall inside the shower. The patient also complains of bilateral hand pain and weakness. The current request is for repeat lab testing (unspecified), per report 02/10/2014. According to progress report 01/20/2014, the treating physician is requesting "repeat laboratory testing based on history of elevated ALT on 08/28/2013 and 09/19/2013." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the patient may require additional lab testing and the MTUS guidelines do show some support for CBC and chemistry profile for liver and renal functioning. However, the current request does not specifically state what lab test is ordered and there is an unknown quantity of labs being ordered. Without specific information as to what is being requested there is no way to compare the request to the MTUS guidelines. Therefore, this request is not medically necessary.