

<b>Case Number:</b>	CM14-0050136		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 injured worker is a 41 year old male, who sustained an industrial injury on 6/6/2013. The diagnoses have included cervical sprain/strain plus spondylosis of C6-7 bilaterally, lumbar sprain/strain with disc bulge at L5-S1 and spondylosis of L5 bilaterally without spondylolisthesis and thoracic spine sprain/strain plus thoracic spondylosis. Treatment to date has included shoulder surgery, physical therapy and medication. According to the comprehensive orthopedic re-evaluation dated 4/8/2014, the injured worker was three months post right shoulder arthroscopic decompression and partial distal claviclectomy. He still had some weakness in his right shoulder but he had full range of motion. The injured worker complained of moderate neck pain, moderate mid back pain and moderate lower back pain. He was taking Tramadol primarily for his back. Neck and shoulder exam revealed decreased range of motion. Treatment plan was for physical therapy for his back. The injured worker had a urine toxicology test at the visit. On 4/17/2014, Utilization Review (UR) non-certified a request for urinalysis toxicology screen. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UA Tox Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Drug Testing Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management, drug testing Page(s): 77, 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with pain and weakness in his neck, mid back and lower back. The request is for URINALYSIS TOXICOLOGY SCREEN. The patient is s/p right shoulder surgery on 01/24/14. The patient is currently taking Tramadol, Prilosec and Topical creams (Ketoprofen/ Gabapentin/ Tramadol). The review of the reports indicates that the patient has utilized Opioids such as Norco and Tramadol since at least 11/05/13. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the review of the reports indicates that the patient had urine drug screening (UDS) on 04/08/14. The treater requested for UDS on 04/10/14 without an explanation why such frequent UDS is being requested. There is no opiate risk profile on this patient. While periodic UDS's are recommended as part of opiate management, for low risk, once a year UDS is all that is recommended per ODG. The request IS NOT medically necessary.