

<b>Case Number:</b>	CM15-0007277		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 44-year-old female, who sustained an industrial injury on 6/10/08. Office Visit Noted dated 2/12/15 noted that the injured worker was for a follow up after her procedure. She had underwent a right trochanteric bursa injection and reports 50% pain relief. She complains of low back pain radiating to both buttocks and to the back of both thighs. The pain is constant, sharp and throbbing. She has neck pain on the right side, radiating to the right shoulder and between shoulder blades and upper neck pain radiating around the skull and triggering frequent headaches. The diagnoses have included lumbosacral facet arthropathy; myofascial pain syndrome; trochanteric bursitis; cervical facet arthropathy; occipital neuralgia and encounter for therapeutic drug monitoring. Treatment to date has included acupuncture and chiropractic adjustments with temporary relief. According to the utilization review performed on 1/8/15, the requested Urine Drug Screen QTY: 1.00 has been non-certified. MTUS 2009: Chronic Pain Medical Treatment Guidelines and ODG, Pain Chapter, updated 1/20/12 were used in the utilization review. The documentation noted that a risk assessment with respect to risk of abuse has not been mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pg. 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patients use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. Although in the case of this worker, she had been using opioids, there was no documented evidence or discussion of suspicion to her abusing drugs or warranting any drug testing at the time of this request. Therefore, the urine drug screening test will be considered medically unnecessary.