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| <b>Case Number:</b>   | CM15-0009319 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 12/29/2003 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: 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 61 year old female, who sustained an industrial injury on 12/29/2003. Initial injury documentation not available for this review. The diagnoses have included Rheumatoid Arthritis; status post left subtalar joint arthrodesis with painful Charcot joint deformity, fibromyalgia, bilateral shoulder impingement, and depression. Left ankle fusion was completed in 2010. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), biologicals, anti-depressants, aquatic therapy. Currently there were multiple comorbidities evaluated. The IW complained of continued global pain. Physical examination completed 12/3/14, documented observation of discomfort, bilateral trochanteric bursa tenderness, and pending Rheumatology consultation. On 12/15/2014 Utilization Review non-certified a of urine drug test, qualitative point of care test, and quantitative laboratory confirmations, noting the documentation did not support indications for the requested testing per regulations. The MTUS and ODG Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of urine drug test, qualitative point of care test, and quantitative laboratory confirmations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Urine Drug Test: Qualitative Point of Care Test and Quantitative Lab Confirmations:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests), Drug Testing Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Urine Drug Testing

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

**Decision rationale:** This patient presents with continued global pain. The treater has asked for URINE DRUG TEST: QUALITATIVE POINT OF CARE TEST AND QUANTITATIVE LAB CONFIRMATIONS but the requesting progress report is not included in the provided documentation. The 12/3/14 report stated that a urine drug screen of an unspecified date showed "negative for opioids and benzodiazepines, consistent with her analgesic regimen." The patient is not taking any opiates per review of 3 progress reports from September 2014 dated 9/26/14, 9/25/14, and 9/17/14. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the patient is not currently taking any opiates. The guideline for urine drug screens applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient was not on any opiates and there was no need for UDS testing. The request IS NOT medically necessary.