

<b>Case Number:</b>	CM15-0109810		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 50 year old female who sustained an industrial injury on 01/01/2004. Current diagnoses include complex regional pain syndrome and recent flares and pain related dysfunction brought under control by Morphine. Previous treatments included medications, cognitive behavioral therapy, and home exercises. Previous diagnostic studies include urine drug screenings. Report dated 05/18/2015 noted that the injured worker presented for follow up needing refills on medications. The injured worker noted that the pain is a bit better. It was also documented that the injured worker had an old prescription for Avinza and was given the okay to use it, which she noted improvement with the use of this medication. Pain level was not included. Physical examination was positive for ambulation with a cane the remainder of the exam was hard to decipher. The treatment plan included Keppra, Xanax, Elavil, Norco, Avinza, and continue spinal cord stimulator. Urine drug screening dated 04/27/2015 shows inconsistent results. Of note this report was hard to decipher. Disputed treatments include 12 urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 urine drug screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Urine Drug Testing (UDT).

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

**Decision rationale:** Based on the 04/27/15 progress report provided by treating physician, the patient presents with pain to back, right leg and shoulders rated 8/10. The request is for 12 Urine Drug Screens. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes Enthesopathy of unspecified site and neck pain. Diagnosis on 04/27/15 included flaring complex regional pain syndrome right hemibody, and neuropathic pain. The patient ambulates with a cane, per 05/18/15 report. Treatment to date included spinal cord stimulator, cognitive behavioral therapy, home exercise program and medications. Patient's medications include Keppra, Xanax, Elavil, Norco, Avinza. Patient's work status not provided. Treatment reports were provided from 03/24/06 - 05/18/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Progress reports pertaining to the request were handwritten and difficult to interpret. The patient is currently on opioid therapy, and both ODG and MTUS do support periodic urine toxicology for opiate management. The patient had urine drug screen on 04/27/15, with inconsistent results. Confirmatory testing would appear to be recommended by guidelines. However, the current request for 12 urine drug screens is excessive. In this case, treater has not documented that patient is at "high risk" of adverse outcomes, or has active substance abuse disorder. This request is not in accordance with guidelines and cannot be warranted without a medical rationale and proper risk profile. Therefore, the request is not medically necessary.