

<b>Case Number:</b>	CM15-0140312		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/26/2002
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 60 year old male who sustained an industrial injury on 10-26-02 developing right foot pain. He currently complains of bilateral shoulder pain, bilateral low back pain, neck pain, hands and finger pain with numbness and tingling. On physical exam there were no abnormalities noted. Medications were trazodone, hydrocodone, Percocet, cyclobenzaprine, zolpidem. Medications were beneficial and provided functional gains with activities of daily living, mobility and restorative sleep. They reduced his 9 out of 10 pain level by 30-40%. Diagnoses were displacement of lumbar intervertebral disc without myelopathy; headache; osteoarthritis of the knee; carpal tunnel syndrome; thoracic or lumbosacral radiculitis; primary fibromyalgia syndrome. In the progress note dated 6-16-15 the treating provider's plan of care included a retrospective (6-16-15) request for a random routine drug screen as part of the pain management agreement. A prior drug screen was identified but the date was not decipherable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (collection 6/16/15) Random drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

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

**Decision rationale:** The current request is for Retrospective (collection 6/16/15) Random drug screen. The RFA is dated 06/17/15. Treatment history included medications, physical therapy and injections. The patient's work status was not addressed. MTUS Chronic Pain Medical Treatment Guidelines, under Drug Testing, page 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, Pain chapter, under 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. Per report dated 6-16-15, the patient presents with bilateral shoulder pain, bilateral low back pain, neck pain, hands and finger pain with numbness and tingling. The patient's medication regimen includes trazodone, hydrocodone, Percocet, cyclobenzaprine, zolpidem. Medications were beneficial and provided functional gains and reduced pain by 30-40%. The patient has had UDS on 11/20/14, 02/26/15, 03/26/15 and 05/19/15. This is a request for the UDS that was obtained on 06/16/15. There is no discussion or indication that this patient is a high risk patient. Guidelines support yearly urine drug screening for low-risk patients, no rationale is provided as to why it is necessary to screen this patient more frequently. The request is not medically necessary.