

<b>Case Number:</b>	CM15-0163718		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47 year old male, who sustained an industrial injury on 5-21-13. He reported pain in her lower back. The injured worker was diagnosed as having chronic pain syndrome, post lumbar laminectomy syndrome, sciatica and lumbar radiculopathy. Treatment to date has included physical therapy, a TENS unit, Gabapentin, Tramadol and Omeprazole. The urine toxicology screen on 5-3-15 showed negative results for Tramadol. On 6-2-15 the injured worker rated his pain a 7 out of 10. The treating physician did not document any suspected drug abuse. As of the PR2 dated 6-30-15, the injured worker reports pain in his lower back that radiates into the bilateral legs. He rates his pain a 7 out of 10 and indicated pain is better with medications and worse with walking, prolonged sitting and upon rising. The treating physician noted lumbar spinal tenderness and lumbar facet tenderness at L4-L5. The treating physician also noted that the previous drug screen was negative. The treating physician requested toxicology drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toxicology drug screening (DOS: 7/2/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation ODG (pain) 2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags (twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December. At the time of the request, the patient is on chronic opioid therapy and has been receiving monthly UDS. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags although the UDS has been consistently negative for the 2 narcotics the worker is prescribed and readily refilled with no discussion of what to do with the results. As such, the request for Retrospective Toxicology drug screening (DOS: 7/2/15) is not medically necessary.