

<b>Case Number:</b>	CM15-0163922		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/23/2000
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<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: California

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 60-year-old male who sustained an industrial injury on August 23, 2000 resulting in neck and low back pain. Diagnoses have included displacement of cervical and lumbar intervertebral disc without myelopathy, disturbance of skin sensation, migraine headaches, and chronic pain syndrome. Documented treatment includes C5-7 anterior cervical discectomy and fusion, and medication including Amitriptyline, Flexeril, Imitrex, and Norco. The injured worker continues to present with upper and lower back pain, and headaches. The treating physician's plan of care includes a urine toxicology screen. Current work status is permanent and stationary with modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Indicators for Addiction Page(s): 87-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Urine Drug Testing.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comments on the assessment of patients for behaviors suggesting addiction to opioids. The red flags for possible addiction to opioids include the following: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. The Official Disability Guidelines describe the indications for urine drug screening for patients receiving ongoing treatment with opioids. These indications are as follows: Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, the records indicate that the patient has received prior urine drug testing and that there has been no evidence of aberrant behavior. Further, there is no evidence in the medical records to indicate that the patient has displayed any of the above cited red flags for addictive behavior. For these reasons, a urine toxicology screen is not medically necessary at this time.