

<b>Case Number:</b>	CM15-0167569		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/07/2006
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 April 7, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic pain syndrome, lumbar postlaminectomy syndrome, lumbar spondylosis, lumbar radiculitis, lumbar degenerative disc disease, low back pain, sacroiliac pain, muscle pain, depression, other anxiety states and numbness. Treatment to date has included psychotherapy with benefit, physical therapy with benefit, massage therapy with benefit, diagnostic studies, medication. She reported being able to complete her activities of daily living with the help of her medications which were noted to improve her quality of life. On February 4, 2015, a urine toxicology screening was performed. The results were noted to be consistent with what was being prescribed. On April 3, 2015, a urine toxicology screening was performed. The results were noted to be consistent for the prescribed medicines. On August 5, 2015, the injured worker complained of upper back, mid back, low back and buttocks pain with burning and aching in her left leg and right thigh. She also reported aching pain in her knees as well. The pain was rated as an 8 on a 1-10 pain scale without medications and as a 3 on the pain scale with medications. The treatment plan included medications. A retrospective request was made for high complexity qualitative urine drug screen times 9 (dated of service 02/04/2015) and high complexity qualitative urine drug screen times nine (date of service 04/03/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro high complexity qualitative urine drug screen x 9 (DOS: 2.4.15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Urine drug screening, a valuable office procedure. John B Standridge et al.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG Online, Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The patient presents with stabbing pain in the upper back, mid back, low back and buttocks with burning in the posterior thighs. She has aching pain in her knees as well. The current request is for retro high complexity qualitative urine drug screen x 9 (DOS: 2.4.15). The treating physician states on 2/4/15 (120B) a urine toxicology screening was done to ensure the patient is taking her opiate medication appropriately and not taking any illicit substances. The treating physician indicated on 4/3/15 (72B) the patient "was seen in the office on 2/4/15 for an office visit at which time a urine toxicology screening was done. The specimen was sent to the lab for further qualitative and quantitative analysis." The results came back consistent with the patient current medical regimen. MTUS guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as "frequent random urine toxicology screens." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." ODG continues "There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results" and states "quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity." In this case, the treating physician records have not documented the patients risk stratification, which would dictate the patients risk level and in turn the frequency with which testing should be done. Without opiate use risk assessment, once yearly on a random basis is all that is recommended per ODG. Additionally, the treating physician does not document the necessity of further analysis of the urine drug test results. The current request is not medically necessary.

**Retro high complexity qualitative urine drug screen x 9 (DOS: 4.3.15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Urine drug screening, a valuable office procedure. John B Standridge et al.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG Online, Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The patient presents with stabbing pain in the upper back, mid back, low back and buttocks with burning in the posterior thighs. She has aching pain in her knees as well. The current request is for retro high complexity qualitative urine drug screen x 9 (DOS: 4.3.15).

The treating physician states on 4/3/15 (72B) a urine toxicology screening was done to ensure the patient is taking her opiate medication appropriately and not taking any illicit substances. The treating physician indicated on 6/5/15 (48B) the patient "was seen in the office on 4/3/15 for an office visit at which time a urine toxicology screening was done. The specimen was sent to the lab for further qualitative and quantitative analysis." The results came back consistent with the patient current medical regimen. MTUS guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as "frequent random urine toxicology screens." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." ODG continues "There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results" and states "quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity." In this case, the treating physician records have not documented the patients risk stratification, which would dictate the patients risk level and in turn the frequency with which testing should be done. Without opiate use risk assessment, once yearly on a random basis is all that is recommended per ODG. Additionally, the treating physician does not document the necessity of further analysis of the urine drug test results. The current request is not medically necessary.