

<b>Case Number:</b>	CM15-0168428		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female who sustained an industrial injury on 9-7-06 from continuous trauma. Diagnoses include right leg radiculopathy; right sacroiliac joint dysfunction; right greater trochanter bursitis, L5-S1 facet arthropathy; failed back syndrome; arachnoiditis; chronic right lower extremity radiculopathy; cervical myospasm with right upper extremity radiculitis; intractable pain syndrome; possible non-union at L3-4. She currently complains of ongoing difficulty with pain in her neck, upper back, right upper extremity, mid-back, low back, hips, and right buttocks and down the right leg to the foot. Her pain level was 10 out of 10 without medication and 6 out of 10 with medication. She has paid for her medications to avoid going into withdrawal per 7-2-15 note. She has had multiple diagnostics performed the last being MRI of the lumbar spine (9-18-14) showing abnormalities. Treatments to date include medications: Cymbalta, clonazepam, Seroquel, Soma, gabapentin, Dilaudid, Norco, promethazine; status post L3-5 fusion which developed pseudoarthrosis, revision L3-5 fusion, status post hardware removal L35; cervical epidural steroid injection; lumbar spinal cord stimulator trial; radiofrequency ablation of medial branches at L2, 3, 4 and L5 bilaterally. On 1-12-15 a retrospective request was denied and partially certification was given for 10 panel random urine drug screens for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results X1 and on 1-14-15 a retrospective request for urine drug screen was denied. In the progress note dated 6-24-15 the treating provider's plan of care included a request for random urine toxicology screening to verify medication compliance. No request for authorization regarding urine drug screen retrospective date of 7-23-15 was available. On 8-20-15 utilization review evaluated

the retrospective request for urine drug screen and determined partial certification: a 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results X1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Urine Drug Screen (retrospective DOS 07/23/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDTs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work injury in September 2006 as the result of a cumulative trauma. She has a history of a lumbar fusion with pseudoarthrosis and revision surgery. Medications are referenced as decreasing pain from 10/10 to 6/10. Norco and Dilaudid are being prescribed. When seen, physical examination findings included a BMI of over 39. She was ambulating with a cane. There was an antalgic gait. There was lumbar paraspinal and upper buttock tenderness. There was decreased right lower extremity strength and decreased right knee range of motion. McMurray's testing was positive. Urine drug screening was reviewed in February 2014 and June 2014 with findings including the presence of methadone, which does not appear to have been an actively prescribed medication. Being requested is authorization for quantitative urine drug testing. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. There is no reason to perform confirmatory testing unless screening test results are inappropriate. If required, confirmatory testing should be for the questioned drugs only. In this case, quantitative test is being requested without having the results of immunoassay based screening testing. The request is not medically necessary.