

<b>Case Number:</b>	CM15-0181871		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 (IW) is a 46 year old female who sustained an industrial injury on 05-19-2014. She was diagnosed with cervical sprain and strain, thoracic sprain and strain, thoracic sprain and strain, lumbar sprain and strain, and left sacroiliac joint arthropathy. On 07-30-2015 she complained of neck and back pain which she rated an 8 on a scale of 1-10. Treatment to date has included a right sacroiliac joint rhizotomy/neurolysis which gave approximately 60-70% relief, but she continued to experience left sacroiliac joint pain. The worker returned to work (5-2015) but was taken off work (06-24-2014) because she was not able to tolerate low back pain. Her medications include Norco, Relafen, Flexeril, and Gabapentin. The Norco was discontinued 07-30-2015 due to worker's report that it no longer is helping to relieve her symptoms. The worker was started on Percocet 20/325mg one orally every 4-5 hours with a maximum of four a day. A random urinary drug screening was done (07-30-2015) to ensure compliance. The provider notes "According to the opioid risk assessment, SOAPP-R (Screener and Opioid Assessment for Patients with Pain-Revised) method, and her score is 23 which puts her at high risk for narcotic abuse misuse and dependency". A request for authorization was submitted for Urine drug screen to obtain new baseline level. A utilization review decision 08-17-2015 issued modified approval to approve qualitative urine toxicology screen only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen to obtain new baseline level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine drug testing (UDT).

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. The medical records note that qualitative urine drug screen has been certified by Utilization Review. However, quantitative study has also been performed. Per ODG, Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. The medical records do not establish the medical necessity of performing a quantitative urine drug study on this injured worker. The request for Urine drug screen to obtain new baseline level is not medically necessary and appropriate.