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| <b>Case Number:</b>   | CM15-0182617 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 10/09/2006 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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 44 year old male who sustained an industrial injury on 10-9-06. A review of the medical records indicates he is undergoing treatment of chronic, severe low back pain - status post L3-S1 posterior lumbar fusion with evidence of residual severe left osseous neuroforaminal narrowing at L5-S1 and mild right-sided osseous neuroforaminal narrowing also at L5-S1 per CT scan of 8-22-12, arachnoiditis, bilateral lower extremity radiculopathy with chronic bilateral L5-S1 radiculopathy per EMG-NCV on 10-20-14, and depression secondary to chronic pain. Medical records (6-8-15 to 9-1-15) indicate complaints of low back pain with numbness and burning in both lower extremities. The records indicate that the pain "radiates into the pelvic floor and into his genitalia". He also complains of "persistent numbness in the right anterior thigh" and cramping in the "distal lower extremities" (9-1-15). He rates his pain "8 out of 10" without the use of medications and "4 out of 10" with the use of medications. The physical exam (9-1-15) reveals an antalgic gait. The record indicates that the injured worker is using a single-point cane for walking. Tenderness and muscle spasm is noted in the lumbar spine. Range of motion is limited. A positive straight leg raise exam is noted bilaterally at 45 degrees. Muscle testing reveals weakness in the legs, bilaterally (9-1-15). The injured worker indicates that, with the use of medications, he has improvement in his ability to walk, stand, sit, complete personal care, cook, and complete light household chores. Diagnostic studies have included a CT scan of his lumbar spine, and EMG-NCV, and urine drug screening. Treatment has included an L3-S1 fusion on 10-7-10, acupuncture, and oral and transdermal medications. His current medications (9-1-15) include Butrans patches, Hydrocodone-APAP, Diclofenac,

Ranitidine, and Gabapentin. The treating provider states "there is no evidence of drug seeking behavior". He also indicates that the injured worker has a signed opioid contract and that urine drug screening has "demonstrated evidence of compliance with prescribed medication". A urine drug screen was requested "for the purpose of monitoring, documenting, and ensuring patient compliance with use of schedule II and schedule III prescription medications which can be habit-forming, abused and-or diverted". The utilization review (9-11-15) indicates denial of the request, stating that a urine drug screening was certified on 7-6-15 and "no indication for a high frequency of testing is noted".

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

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

**Urine drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Urine Drug Testing.

**Decision rationale:** The Official Disability Guidelines comment on the frequency of urine drug testing in patients taking chronic opioid medications. These guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co- morbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the patient had a urine drug test performed on 3/15/2015; the results were inconsistent with the prescribed profile of medications. A repeat urine drug test was approved on 7/16/2015. The key issue in this case is whether the patient is in the moderate or high risk category. Based on the above cited definition of each risk category, the records do not support the patient currently being high risk. Specifically, there is insufficient documentation to support that the patient has an active substance abuse disorder. For this reason, it is not medically necessary to repeat the urine drug test at this time.