

<b>Case Number:</b>	CM15-0185317		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 40-year-old female with an industrial injury date of 04-24-2010. Medical record review indicates she is being treated for cervical disc syndrome and cervical radiculopathy. The injured worker presented on 08-06-2015 post injection in the cervical spine. She stated "overall improvement" remained near 50%. Subjective complaints included "only one significant episode of pain in the right side of the neck since the epidural steroid injection." Other complaints included "bouts of numbness and tingling into the right arm that improves with rest." The injured worker noted Cymbalta and Neurontin were "extremely helpful." The treating physician documented the injured worker had been able to maintain full time work duty through her intermittent epidural steroid injections and pain medications. Prior treatments are documented as trigger point injections, cervical epidural steroid injection, and medications. Her medications included Cymbalta, Neurontin and Flexeril. Physical exam (08-06-2015) of the cervical spine revealed myofascial pain and some trigger points on the right. "There is some neuropathic numbness and hypoesthesia along the cervical 6 dermatomal pattern on the right tested by Wartenberg pinwheel." The treating physician documented the following: Opioid agreement. 11-18-2014. SOAPP-R opioid risk assessment (3) "which is considered a negative assessment," 11-18-2014. "Department of Justice CURES reporting found to be consistent with medications prescribed" 05-27-2015. "Random urinary drug screening was found to be consistent with medication prescribed" 04-30-2015. The request for authorization dated 08-06-2015 included urine drug screen testing. On 08-15-2015, the request for urinary drug screening was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinary Drug Screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags - twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December." The patient is not currently prescribed opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urinary Drug Screening is not medically necessary.