

<b>Case Number:</b>	CM15-0192029		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Emergency 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 51 year old female, who sustained an industrial injury on 06-06-2003. She has reported subsequent neck, head and right upper extremity pain and was diagnosed with cervical radiculopathy, post-traumatic headaches, temporomandibular joint arthritis and pain, possible right ulnar neuritis, neck pain and migraine headaches. Treatment to date has included pain medication, application of ice, massage therapy, yoga and home traction unit and Bowen therapy which were noted to help relieve pain and increase activity level. Documentation shows that Nucynta was prescribed since at least 04-29-2015. There is no documentation as to the injured worker's risk of opioid abuse or misuse. In a progress note dated 07-07-2015, the injured worker reported persistent 3 out of 10 neck pain radiating to the occipital region that was associated with intermittent headaches. Nucynta and Amitriptyline were noted to help for pain and headaches. In a progress note dated 08-07-2015, the injured worker reported persistent neck pain rated as 5 out of 10 with stiffness associated with headaches. The physician noted that the injured worker was planning on returning to work next week. Objective examination findings revealed tenderness and spasms at the cervical paraspinal muscles, stiffness on motion of the spine, tenderness to cervical facet joints bilaterally, dysesthesia to light touch of the right upper extremity non-dermatomal distribution. Work status was documented as modified. The physician noted that random urine drug screens would be requested to monitor opioid medication use and diversion of medications. A request for authorization of 3 random urine drug screens per year was submitted. As per the 09-04-2015 utilization review, the request for 3 random urine drug screens per year was modified to certification of 2 random urine drug screens per year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 random urine drug screens per year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

**Decision rationale:** The requested 3 random urine drug screens per year, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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 claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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. The injured worker has persistent neck pain rated as 5 out of 10 with stiffness associated with headaches. The physician noted that the injured worker was planning on returning to work next week. Objective examination findings revealed tenderness and spasms at the cervical paraspinal muscles, stiffness on motion of the spine, tenderness to cervical facet joints bilaterally, dysesthesia to light touch of the right upper extremity non-dermatomal distribution. Work status was documented as modified. The physician noted that random urine drug screens would be requested to monitor opioid medication use and diversion of medications. A request for authorization of 3 random urine drug screens per year was submitted. As per the 09-04-2015 utilization review, the request for 3 random urine drug screens per year was modified to certification of 2 random urine drug screens per year. The referenced guideline recommends up to 2 times per year drug testing for claimants at low risk, and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, 3 random urine drug screens per year is not medically necessary.