

<b>Case Number:</b>	CM15-0192082		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 55 year old male, who sustained an industrial-work injury on 10-5-10. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussive injury, traumatic brain injury, cervical radiculopathy, multi-level cervical disc herniations with cord compression and myelomalacia, and adjustment disorder and depressive symptoms. Medical records dated 7-7-15 indicate that the injured worker has developed idiopathic pulmonary fibrosis and has been placed on Prednisone. He has noticed improvement in breathing on Prednisone. He remains severely depressed with psychomotor slowing, weight loss, and he feels desperate and hopeless. Per the treating physician report dated 9-23-14 the work status is temporarily totally disabled. The physical exam dated 7-7-15 reveals that he has depressed affect, psychomotor slowing, lungs have bibasilar crackles, and the neck is severely limited with range of motion. There is positive axial head compression sign and Spurling sign bilaterally, there is upper extremity weakness and hyperesthesia in the right upper extremity. Treatment to date has included pain medication, diagnostics, urine drug screen, psych care, and other modalities. He currently takes Tylenol #3 for pain. The treating physician indicates that the urine drug test results dated 12-2-14 and 7-7-15 were consistent with the medication prescribed. The request for authorization date was 7-7-15 and the requested service included Retrospective request for one (1) quantitative urine drug test (DOS: 7-7-2015) The original Utilization review dated 9-23-15 non-certified the request for one (1) quantitative urine drug test (DOS: 7-7-2015) as not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for one (1) quantitative urine drug test (DOS: 7/7/2015): 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), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 has been on chronic opioid therapy. The medical documentation provided indicate this patient had a consistent UDS in 07/2015. 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 Retrospective request for one (1) quantitative urine drug test (DOS: 7/7/2015) is not medically necessary.