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| <b>Case Number:</b>   | CM15-0194176 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 10/18/2010 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 10-18-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, chronic low back pain, lumbar radiculitis, annular tear of the lumbar disc, myofascial pain, and depression. On 5-7-2015, the injured worker reported low back pain radiating to both posterior legs with numbness and tingling and significant leg pain with pain level at 8 out of 10 before medication, and 5-6 out of 10 with medication, and reported significant depression. The Primary Treating Physician's report dated 5-7-2015, noted the injured worker was taking Norco, Voltaren ER, and Omeprazole with good relief and tolerating them well. Functional improvement with the medication was taking care of his home, walking on a daily basis, cooking, and cleaning. The physical examination was noted to show the injured worker tender in the lumbar paraspinal muscles from L4-S1 with slightly decreased range of motion (ROM). Prior treatments have included psychotherapy, lumbar epidural steroid injection (ESI), physical therapy, and medications including Trazodone, Naproxen, Feldene, Latuda, Norco, Omeprazole, Viibryd, and Voltaren ER. The injured worker was noted to have had a urine drug screen (UDS) on 3-10-2015 that was consistent with his Norco. The treatment plan was noted to include Gabapentin dispensed, and a urine toxicology screen. The request for authorization dated 9-14-2015, requested Neurontin-Gabapentin 600 mg Qty 90 (retrospective dispensed 05/07/2015), ice pack (retrospective dispensed 05/07/2015), and a high complexity qualitative urine drug screen by immunoassay method x9 with alcohol testing any method other than breath x1 (retrospective dispensed 05/07/2015). The Utilization Review (UR) dated 9-22-

2015, approved the requests for Neurontin-Gabapentin 600 mg Qty 90 (retrospective dispensed 05/07/2015), ice pack (retrospective dispensed 05/07/2015), and did not approve the request for a high complexity qualitative urine drug screen by immunoassay method x9 with alcohol testing any method other than breath x1 (retrospective dispensed 05/07/2015).

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

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

**High complexity qualitative urine drug screen by immunoassay method x9 with alcohol testing any method other than breath x1 (retrospective dispensed 05/07/2015): Upheld**

**Claims Administrator 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: Pain (chronic) - Urine Drug Testing (UDT); Opioids, Criteria for use of 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 Chapter, under Urine Drug Testing.

**Decision rationale:** The patient presents with pain in the lower back and bilateral lower extremities. The request is for high complexity qualitative drug screen by immunoassay method x 9 with alcohol testing any method other than breath x 1 (retrospective dispensed 05/07/2015). Physical examination to the lumbar spine on 06/04/15 revealed tenderness to palpation in the paraspinal muscles L4 through S1. Range of motion was noted to be decreased. Per 09/14/15 Request For Authorization form, patient's diagnosis includes long term use of opioids. Patient's medications, per 09/15/15 Request For Authorization form include Norco, Voltaren XL, and Omeprazole. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, Pain Chapter, under Urine Drug Testing states: "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." Treater has not specifically discussed this request. Review of the medical records provided indicate that the patient has been utilizing opioids (Norco) since at least 02/03/14 and a urine drug test would be indicated and supported by the guidelines. However, the medical records provided indicate that the patient has had at least nine urine drug screen tests, from 06/06/14 through 08/11/15 and the treater has not documented unexpected results or that the tests have been inappropriate. The guidelines do not support routine drug screening tests. Therefore, the request is not medically necessary.