

<b>Case Number:</b>	CM15-0200933		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65-year-old male, with a reported date of injury of 04-26-2011. The diagnoses include status include thoracic radiculopathy, lumbar disc protrusion, lumbar myofascial pain, lumbar facet arthropathy, and lumbar disc protrusion. Treatments and evaluation to date have included Ativan, Norco, Oxycontin, and MS Contin. The diagnostic studies to date have included a urine drug screen on 04-23-2015 which was positive for Hydrocodone, Oxycodone, Oxymorphone, and Acetaminophen. The medical report dated 04-23-2015 indicates that the injured worker complained of sometimes severe right low back pain with radiation to the anterior and posterior of the right leg. It was noted that the pain was chronic and was getting worse. The injured worker complained of difficulty walking, standing, and eating. He also had trouble caring for himself. The objective findings include a severe antalgic gait; increased thoracic and lumbar spine pain with lumbar extension and lateral right flexion; mild bilateral ankle swelling; decreased right foot dorsiflexion; and decreased sensation to pinprick in the bilateral legs, mostly right L3, L4, and L5 dermatomes. The treatment plan included the continued use of Oxycontin and Norco, and a prescription for a trial of MS Contin while is not taking Oxycontin. The injured worker's work status was not indicated. The treating physician requested a urine drug screen (date of service: 04-23-2015). On 09-23-2015, Utilization Review (UR) non-certified the request for a urine drug screen (date of service: 04-23-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen (DOS: 04/23/2015): 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 <http://www.odg-twc.com>.

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

**Decision rationale:** Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential, the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets none of the aforementioned MTUS criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.