

<b>Case Number:</b>	CM15-0203219		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Family Practice

### 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 45 year old male/female, who sustained an industrial injury on 7-17-2014. Diagnoses include right hand pain, status post injury, status post surgery, and neuropathy. On 9-9-15, he/she complained of no change in the pain in the right hand associated with numbness and tingling. Current medications included Tramadol and Omeprazole. The records submitted for review included nine urine toxicology evaluation results obtained from December 2014 and September 2015 with no abnormal findings noted. The physical examination documented weakness in grip strength and decreased sensation of the right hand. The records did not include documentation of evidence of high risk or aberrant behavior related to opioid use. The plan of care included ongoing medication therapy with Tramadol and a toxicology examination. The appeal requested authorization for a toxicology exam. The Utilization Review dated 9-25-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Exam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of urine drug testing including the frequency that the test needs to be monitored. These guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. Patients 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 patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients 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. In this case, the patient has had documented prior urine drug tests. The results of these tests showed no evidence of aberrant behavior. Further, there is no evidence otherwise in the records to suggest aberrant, drug-seeking behavior. Under these conditions, the patient should be deemed to be low risk. As a low risk patient it has not yet been one year since the last test was performed. Therefore, a toxicology examination at this time is not medically necessary.