

<b>Case Number:</b>	CM15-0206535		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/11/1996
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 64 year old female, who sustained an industrial injury on 10-11-96. The injured worker was diagnosed as having lumbar radiculitis, lumbago, sciatica and neuralgia-neuritis. Subjective findings (6-18-15, 7-21-15) indicated low back pain. The injured worker rated her pain 8 out of 10 with medications and 10 out of 10 without medications. The treating physician noted on 7-21-15 that the injured worker was positive for Opana, which was not prescribed. The injured worker admitted to using Opana when Norco ran out. Objective findings (6-18-15, 7-21-15) revealed tenderness in the lumbar spine and decreased lumbar range of motion. As of the PR2 dated 8-20-15, the injured worker reports ongoing lower back pain that radiates down both legs. She rates her pain 6 out of 10 with medications and 8 out of 10 without medications. Objective findings include tenderness in the lumbar spine and decreased lumbar range of motion. Current medications include Duragesic patch, Prevacid, Fentanyl patch and Norco. The urine drug screens on 5-21-15, 7-21-15 and 8-20-15 were inconsistent with prescribed medications. Treatment to date has included urine drug screens and antidepressants. The Utilization Review dated 9-28-15, non-certified the request for an in-house urine drug screen DOS 8-20-15 and a golden toxicology urine drug screen DOS 8-20-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In house Urine drug screen DOS: 8.20.15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** The current request is for in house urine drug screen DOS: 8.20.15. Treatment history include medications, and physical therapy. The patient is permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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. 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. 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." Per report 08/20/15, the patient presents with chronic lower back pain that radiates down both legs. She rates her pain 6/10 with medications and 8/10 without medications. Current medications include Duragesic patch, Prevacid, Fentanyl patch and Norco. Under treatment plan it states "Continue current medication schedule. Refill meds. Urine drug screen done." The patient had urine drug screens done on 02/23/15, 05/21/15, 06/18/15, 07/21/15 and 08/20/15. The last UDS from 08/20/15 showed positive for Alprazolam, which was not a prescribed medication, and also showed positive for Ethyl Glucuronide. UDS from 06/18/15 was also inconsistent. The treater states in his 06/18/15 report that the "patient does not display any aberrant behaviors." This patient appears to be at "moderate risk" with multiple inconsistent UDS, but no signs of substance abuse or high-risk behavior. For patient at "moderate risk," ODG recommends 2-3 screenings per year. The patient has had 5 screenings thus far. Without a rationale as to why such frequent testing is required, the request cannot be supported. Therefore, the request is not medically necessary.

**Golden toxicology urine drug screen DOS: 8.20.15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** The current request is for golden toxicology urine drug screen DOS: 8.20.15. Treatment history include medications, and physical therapy. The patient is

permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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. 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. 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." Per report 08/20/15, the patient presents with chronic lower back pain that radiates down both legs. She rates her pain 6/10 with medications and 8/10 without medications. Current medications include Duragesic patch, Prevacid, Fentanyl patch and Norco. Under treatment plan it states "Continue current medication schedule. Refill meds. Urine drug screen done." The patient had urine drug screens done on 02/23/15, 05/21/15, 06/18/15, 07/21/15 and 08/20/15. The last UDS from 08/20/15 showed positive for Alprazolam which was not a prescribed medication, and also showed positive for Ethyl Glucuronide. UDS from 06/18/15 was also inconsistent. The treater states in his 06/18/15 report that the "patient does not display any aberrant behaviors." This patient appears to be at "moderate risk" with multiple inconsistent UDS, but no signs of substance abuse or high-risk behavior. For patient at "moderate risk," ODG recommends 2-3 screenings per year. The patient has had 5 screenings thus far. Without a rationale as to why such frequent testing is required, the request cannot be supported. Therefore, the request is not medically necessary.