

<b>Case Number:</b>	CM15-0027627		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 57 year old female, who sustained an industrial injury on 01/25/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cephalgia and dizziness, decreased olfaction and left hemihypoesthesia, cervical radiculopathy, status post cervical fusion, thoracic radiculopathy, L'Hermitte's symptoms, lumbar radiculopathy, temporomandibular joint pain, left foot pain, bilateral shoulder pain, bilateral knee pain, abdominal pain, chest pain, cognitive problems, emotional distress, and sleep disturbance. Treatment to date has included laboratory studies, use of an interferential stimulator, medication regimen, use of a cane, above listed surgery, and electromyogram with nerve conduction study to the upper extremities. In a progress note dated 12/03/2014 the treating provider reports increased pain to the right shoulder, cervical spine, and lumbar spine. The documentation provided did not contain the current requested treatment for a urine drug screen. On 02/02/2015 Utilization Review non-certified the requested treatment of urine drug screen, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with unrated and increasing pain to the cervical spine, lumbar spine, and right shoulder. The patient's date of injury is 01/25/10. Patient has no documented surgical history directed at this complaint. The request is for URINE DRUG SCREEN. The RFA was not provided. Physical examination dated 12/03/14 reveals tenderness to palpation of the left distal forearm, left thenar region, bilateral knees, bilateral shoulders, and decreased grip strength bilaterally - left greater than right. Treater also notes decreased olfaction, left mouth asymmetry, decreased sensation to the trigeminal nerve distribution on the left. Additionally there was decreased sensation to the torso, thighs, legs and plantar region on the left side, positive Romberg test and positive Weber test to the left. The patient is currently utilizing an insulin pump, is prescribed Protonix, Flexeril, Zolpidem, and Tramadol. These medications were dispensed during office visit dated 12/03/14. Diagnostic imaging was not included. Patient is not currently working. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In regards to what appears to be an initial urine drug screen following the prescription of Tramadol on 12/03/14, the request appears reasonable. The requesting progress note indicates that this patient was not taking any narcotic medications prior to the 12/03/14 office visit. It appears that the treater obtained a urine sample for the purpose of initial screening during the initiation of a narcotic medication, Tramadol. ODG guidelines support an initial screen UDS followed by once yearly testing to confirm medication compliance. Therefore, the request IS medically necessary.