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| <b>Case Number:</b>   | CM15-0213436 |                              |            |
| <b>Date Assigned:</b> | 11/03/2015   | <b>Date of Injury:</b>       | 07/08/2002 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 10/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 44 year old female, who sustained an industrial-work injury on 7-8-02. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervicalgia, pressure ulcer of lower back, cervical radiculopathy, and cervical discogenic pain. Treatment to date has included medication, surgery (arachnoid cyst), diagnostics, and physical therapy. Currently, the injured worker complains of chronic neck and low back pain. Medication included Norco and Soma for an extended period of time that improved functionality. Pain was 4-5 out of 10 with medication and 8-9 out of 10 without. An anti-inflammatory medication (Motrin) and Prilosec were also used. Per the primary physician's progress report (PR-2) on 6-23-15, exam noted limited range of motion to the neck, pain that radiates into the left upper extremity, pain with extension and rotation of the lumbar spine, straight leg raise is positive in the left, positive Lasegue's on the left. On 8-5-15, medications were still continued and follow up evaluation was conducted with same findings. Current plan of care includes detoxification program or taper of medications and physical therapy. The Request for Authorization requested service to include Retrospective Urine Toxicology (DOS 08/05/2015). The Utilization Review on 10-28-15 denied the request for Retrospective Urine Toxicology (DOS 08/05/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Toxicology (DOS 08/05/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary Online Version last updated 10/09/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing neck and lower back pain. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include a detailed individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug screen for date of service 08/05/2015 is medically necessary.