

<b>Case Number:</b>	CM15-0219000		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: North Carolina, Georgia

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:

This 30 year old woman sustained an industrial injury on 5-12-2014. Treatment has included oral medications including Ibuprofen, Citalopram, Tylenol, Ultracet, and Tramadol, TENS unit therapy, and physical therapy. Physician notes dated 1-20-2015 show complaints of upper thoracic spine pain with radiation to the right scapula. The worker rates his pain 6-8 out of 10 without medications and 5-6 out of 10 with medications. The physical examination shows "full" cervical spine range of motion, mild tenderness to the thoracic spine with "full" range of motion, normal strength and sensation intact. Recommendations include massage therapy, chiropractic care, home exercise program, Flector patch, H-wave trial, and urine drug screen. Utilization Review denied a urine drug screen on 10-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the claimant is no longer being prescribed any medications for which monitoring is needed. There is no medical indication for urine drug screen and the original UR denial is upheld; the request is not medically necessary.