

<b>Case Number:</b>	CM15-0221350		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	12/07/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female sustained an industrial injury on 12-7-06. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome with cervicgia and lumbago with sciatica. Recent treatment consisted of medication management and home exercise. In a PR-2 dated 4-24-15, the injured worker complained of ongoing pain rated 6 to 7 out of 10 on the visual analog scale. The physician stated that the injured worker was stable on her current medication regimen and had not changed essential regimen in greater than six months. The physician noted that the injured worker's toxicology screen was within normal limits of prescribed medications. CURES report was appropriate. In a PR-2 dated 10-21-15, the injured worker complained of unchanged pain, rated 5 out of 10. The injured worker reported continued functional benefits with medications. The physician stated that the injured worker was taking her medications as prescribed. No medication abuse was suspected. Physical exam was remarkable for tenderness to palpation to the left trapezius, lumbar paraspinal musculature and posterior and superior iliac spines with limited left shoulder range of motion. The treatment plan included continuing home exercise and refilling medications (Oxycontin and Norco). On 11-3-15, Utilization Review noncertified a retrospective request for one urine drug screen (DOS 10- 21-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 urine drug screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p 87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the medical records submitted for review, it was noted that the injured worker previously underwent toxicology screening 3/25/15 and 8/24/15. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.