

<b>Case Number:</b>	CM15-0035968		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 62 year old female, who sustained an industrial injury on 7/23/07. She has reported back and left shoulder injury. The diagnoses have included residuals left shoulder after arthroscopic surgery, residuals low back after lumbar spinal surgery and left lumbar radiculopathy. Treatment to date has included spinal surgery, physical therapy and oral medications. Currently, the injured worker complains of low back pain with radiation to left lower extremity. Physical exam noted decreased range of motion of lumbar spine and tenderness to paraspinal area on palpation. On 2/2/15 Utilization Review non-certified 4 separate urine drug screens. Noting the lack of rationale provided for the request, she was not noted to be a moderate or high risk for addiction and a urine drug screen was performed on 1/7/15. The MTUS, ACOEM Guidelines and ODG were cited. On 2/25/15, the injured worker submitted an application for IMR for review of 4 separate urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 separate urine drug screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

**Decision rationale:** The 62 year old patient complains of low back pain, rated at 8/10, that radiates to left lower extremity, as per progress report dated 11/20/14. The request is for 4 SEPARATE URINE DRUG SCREENS. The RFA for the case is dated 11/20/14, and the patient's date of injury is 07/23/07. Diagnoses, as per progress report dated 08/20/14, included residual left shoulder after arthroscopic surgery on 05/20/10, residual low back after lumbar surgery, and left lumbar radiculopathy. The reports do not document the patient's work status. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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." In this case, the use of Tramadol has been documented consistently at least since progress report dated 07/31/14. However, urine toxicology screening is documented only in the progress report dated 11/20/14. In the report, the treater states that "Urine toxicology screen test was ordered and performed in today's visit." The treating physician, however, does not discuss the purpose of 4 urine drug screens, neither does the treater document the patient's risk of opioid dependence. MTUS recommends only annual testing in low-risk patients. Hence, the request IS NOT medically necessary.