

<b>Case Number:</b>	CM15-0045836		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: 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 68 year old female, who sustained an industrial injury on May 10, 1999. She reported injury to her upper and lower extremities, hands, knees and right shoulder. The injured worker was diagnosed as having chronic pain other, failed back surgery syndrome lumbar, lumbar radiculopathy, status post fusion lumbar spine, insomnia, medication related dyspepsia and status post spinal cord stimulator implant. Treatment to date has included diagnostic studies, surgery, acupuncture and medications. On February 2, 2015, the injured worker complained of low back pain that radiated down the bilateral lower extremities. The pain is aggravated by activity and walking. She reported ongoing frontal, occipital headaches and insomnia associated with ongoing pain. The pain was rated as a 4 on a 1-10 pain scale with medications and as an 8/10 on the pain scale without medications. The treatment plan included home exercises, acupuncture, urine drug testing, medications and a follow-up visit.

### 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 Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

**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 that goes into the legs, headaches, problems sleeping, and abdominal discomfort with medications. Treatment recommendations included the use of three restricted medications, including opioids. While the submitted and reviewed documentation did not include an 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 urinary drug screen is medically necessary.