

<b>Case Number:</b>	CM15-0046543		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, California  
 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 66-year-old male sustained a work related injury on 04/30/2009. As of a partially legible progress report dated 01/20/2015, the injured worker complained of continued low back pain. Review of systems was positive for fatigue, nausea, joint pain, muscle spasm, sorer muscles, sexual dysfunction, depression, stress, anxiety and numbness. Pain level was rated 8 on a scale of 1-10. Diagnoses include lumbar sprain and radiculitis. Medication regimen included Norco, Fexmid and Anaprox. According to a medical legal report dated 02/13/2015, the provider was addressing a Utilization Review denial. The disputed treatments included Norco, Anaprox and Fexmid. On 02/27/2015, Utilization Review non-certified a urine drug screen. The patient had received synvisc injection for left knee. The patient has used an IF unit. He has had a urine drug toxicology report on 1/16/15 that was negative for hydrocodone. The patient's surgical history include left knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Qualitative Drug Screen (DOS: 02/02/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction; Cautionary red flags for patients that may potentially

abuse opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines, Page 43, Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain (updated 04/06/15)Urine drug testing (UDT).

**Decision rationale:** Request: Retrospective: Qualitative Drug Screen (DOS: 02/02/2015). Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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." As per records provided medication lists includes norco. He has had a urine drug toxicology report on 1/16/15 that was negative for hydrocodone. He was being prescribed norco at that time, so this result may be inconsistent and may indicate aberrant drug behavior. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Retrospective: Qualitative Drug Screen (DOS: 02/02/2015) is medically appropriate and necessary in this patient.