

<b>Case Number:</b>	CM15-0052115		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Hawaii

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 68 year old female who sustained an industrial injury on 1/16/14. Diagnoses are degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis - generalized, multiple sites. In a progress report dated 2/12/15, the treating physician notes the injured worker has a longstanding history of Parkinson's who has developed severe low back, hip and leg pain to her foot over the last several months. She has difficulty with ambulation and weight bearing on the left side due to pain. She was unable to get up a few days prior to this visit and was seen in the emergency room where left x-rays were done showing severe osteoarthritis. Pain is noted in the low back as aching, sharp, throbbing, pressure, shooting, burning, and constant. the pain is rated as 7 out of 10. Relieving factors are standing, taking medications, and thinking about something else. Functional limitations are that she can walk 15-20 minutes before having to stop due to pain, can sit for 30 minutes before having to stand due to pain, can stand for 20 minutes before having to sit due to pain and the pain interferes with activities of daily living. The PHQ-9 depression index reveals a score of 18/27, indicating moderately severe depression. Her gait is severely antalgic. Norco was prescribed. In a progress report dated 2/9/15, a treating physician reports she takes Dilaudid, Norco and Valium. Work history is noted as unemployed due to pain. The treatment plan is for physical therapy, and to follow up with pain specialist. Previous treatment includes injections, physical therapy, and medications. No prior urine drug screen was noted in the records made available. The requested treatment is urine drug test, 5 times for one year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Test time five for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use, On-going Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, UDS.

**Decision rationale:** The patient presents with a history of Parkinson's and pain affecting the low back. The current request is for Urine Drug Test time five for one year. The treating physician report dated 6/8/15 (7B) states, "Patient denies the use of recreational drugs. Patient has no history of alcoholism or drug addiction." The report goes on to state, "A PDMP/CURES report was obtained and reviewed with no aberrant activity noted." The MTUS guidelines do not specify the frequency of UDS's for risks of opiate users. The ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. The medical reports provided, show a UDS was performed on 6/8/15 and was consistent with the patient's prescription therapy. In this case, the patient has no history of drug abuse and a PDMP/CURES report shows no aberrant behavior. The current request for five UDS's in one year is excessive for routine monitoring and would only be appropriate for high-risk opiate users. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires five UDS's over the course of one year. The current request is not medically necessary.