

<b>Case Number:</b>	CM15-0054276		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 01/28/2002. He has reported subsequent back, neck and right shoulder pain and was diagnosed with disc desiccation and disc bulging at C4-C5 and C6-C7, chronic right shoulder pain/impingement syndrome and L3-L4 broad based disc protrusion. Treatment to date has included oral pain medication. In a progress note dated 01/12/2015, the injured worker complained of moderate to severe back pain. Objective findings were notable for pain with range of motion of the neck, tenderness in the left and right peri-cervical and lumbar muscles with spasm. The physician noted that a urine drug screen was being ordered to monitor medication usage and compliance and requests for authorization of a urinalysis and drug confirmation screening were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urinalysis dip stick automated without microscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Retrospective Urinalysis dip stick automated without microscopy is not medically necessary.

**Retrospective Drug Confirmation Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 614-616.

**Decision rationale:** Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications, and selling medications). Standard urine drug/toxicology screening processes should be followed (consult a qualified medical review officer). There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Retrospective Drug Confirmation Screening is not medically necessary.