

<b>Case Number:</b>	CM14-0116148		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/12/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old man who was injured on 2/12/2007. The diagnoses are low back pain, lumbar post-laminectomy syndrome and fibromyalgia. On 5/27/2014 and 6/24/2014, Dr. [REDACTED] respectively noted subjective complaints of low back pain radiating down the lower extremities. There were objective findings of antalgic gait, decreased range of motion of the lumbar spine and decreased sensation along the L4, L5 dermatomes. The records indicate that UDS was performed on 1/7/2014, 2/3/2014, 3/4/2014, 5/1/2014 and 5/27/2014. The medications being infused by intrathecal pump are Hydromorphone, Baclofen and Clonidine. The oral medications are Amitiza and Senna for constipation, Norco and Lidoderm for pain, Provigil for sedation. The patient is also on Xanax and Bupropion for anxiety and depression. The patient had ongoing complaints of pruritus and low testosterone level secondary to chronic opioid treatment that requires medication treatment. No aberrant behaviors were reported. A Utilization Review determination was rendered on 6/20/2014 recommending non certification for UDS done on 6/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen on 6-24-2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines , Opioids, tools for risk stratification and monitoring.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS  
Page(s): 42-43, 74-80.

**Decision rationale:** The CA MTUS and the ODG recommend compliance UDS monitoring during chronic opioid treatment. It is recommended that UDS be performed at initiation of opioids, randomly up to 4 times a year and for the presence of 'red flag' non-compliance conditions. The records indicate that the patient had 5 consistent UDS from January to May 2014. The report of 5/27/2014 was consistent with prescribed Dilaudid and Xanax. There was no documentation of the presence of aberrant behavior or 'red flag' condition. The criterion was not met for the UDS done on 6/24/2014.