

<b>Case Number:</b>	CM14-0149920		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Iowa. 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:

This is a 29 year old employee with date of injury 10/8/13. Medical records indicate the patient is undergoing treatment for Lumbago with radiculitis, enthesopath of the left knee and contusion lower leg. Subjective complaints include frequent, moderate, sharp stabbing pain of the lower back with radiation down both legs with numbness and tingling. Frequent, moderate sharp stabbing pain left knee. There is pain in the shoulders radiating from the spine. Wrist and hand pain radiating to fingers. There is pain in the toes, top and bottom of the foot. Objective complaints include tenderness to palpating of the bilateral SI joints and lumbar para vertebral muscles. There is tenderness to palpation lateral aspect of the left knee. She walks with an uneven gait and using a cane to ambulate. She has tenderness to palpation of the left tibia. MRI at LS spine showing disc bulges at L4-L5 and L5-S1. MRI left tin/fib normal. MRI left knee consistent with intrasubstance degeneration. Treatment has consisted of PT, acupuncture TENS Unit, Epidural Lumbar injection and left knee brace. Medications include Naproxen 500mg, Tramadol, Tylenol, Omeprazole and cyclobenzaprine. Utilization review determination was rendered on 9/9/14 recommending non-certification for Urine Toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U/A test for toxicology is not medically necessary.