

<b>Case Number:</b>	CM14-0164139		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Internal Medicine, and is licensed to practice in California. 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 injured worker is a 38 year-old man who was injured October 24, 2011 when he stepped into a hole and put his arm out to break his fall. This resulted in a fractured right wrist. The current diagnoses are: chronic pain syndrome; low back pain; lumbar degenerative disc disease; lumbar radiculitis; muscle pain and numbness. Treatment has included medications and diagnostics. Current medications: Oxycodone 10mg/325mg Tab (Percocet), Take 1 tab by mouth every 4 hours as needed. Oxymorphone 7.5mg 12 hr.-tab (Opana ER) Take 1 tab by mouth every 12 hours. Zolpidem 3.5mg SL tab (Intermezzo) Apply/place 3.5mg under the tongue at bedtime as needed. Ondansetron 4mg ODT tablet (Zofran), Take 1 tablet q 8 to 12 hours as needed for nausea/vomiting. Eszopiclone 3mg tablet (Lunesta), Take 1 tablet by mouth at bedtime as needed. Naprosyn 500mg tablet (Naprosyn), Take 1 tablet by mouth BID with breakfast and dinner. Pregabalin 100mg capsule (Lyrica), Take 1 capsule by mouth TID. The primary treating physician progress note dated September 25, 2014 indicates that the IW continues to have low back pain and right leg pain. The pain is worse with prolonged sitting, standing, walking, bending, and lifting. The pain is better with medications, changing positions, heat, ice and lying down. He denies any new symptoms or neurological symptoms. He is at 90mg of morphine a day, which is under the recommended guidelines of 120mg of oral morphine equivalence a day. The dose has been lowered to the lowest effective dose since being with the spinal cord stimulator at 7.5 every 12 hours. All urine toxicology screenings done thus far have opioids have been consistent with prescribed medication. A CURES (Controlled Substance Utilization Review and Evaluation System) report was generated for the February 2014 visit. The report showed no suspicious activity. He scored a 1 which indicates the injured party is at low risk for opioid abuse. A UDS was performed in July. Urine toxicology done (9/25/14) to see if he is taking his

opioid medication appropriately, and not taking any illicit substances. An opioid treatment agreement is signed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective (DOS): 07/14/2014 for urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Urine Drug Screen

**Decision rationale:** Pursuant to the Official Disability Guidelines, the recommendations for drug screening "assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); diagnose substance misuse (abuse), addiction and for other aberrant drug-related behavior" when there is a clinical indication. The medical record of the injured party provides several quantitative drug screens. In February 2014, the patient signed opioid agreement. Urine toxicology screening at that time showed he was taking his medications (opiates) appropriately and not using any illicit medications. A CURES report was generated for the February visit. The report showed no suspicious activity. He scored a 1 which indicates the injured party is at low risk for opioid abuse. Pursuant to the ODG, low risk patients should be tested within six months of initiation of therapy and on a yearly basis thereafter. The injured workers (IW) last UDS prior to July 14, 2014 was done on June 16, 2014, one month earlier. A UDS would have been indicated June 2015 (one year later) notwithstanding documentation to the contrary stating a valid medical reason for the UDS July 14, 2014 according to the ODG. There was no medical record documentation. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines urine drug screen retroactively was not medically necessary.