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| <b>Case Number:</b>   | CM14-0185409 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 08/13/2010 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 08/13/10. Based on the Chiropractor's progress report dated 10/14/14, the patient complains of dull, achy, and throbbing lumbar pain rated as 5/10. The pain is radiating to the left thigh and causing a tingling sensation there. Physical examination reveals limited range of motion. Another progress report from the same provider, dated 09/26/14, reveals lumbar and cervical pain that is dull, achy and throbbing. The severity of the pain was again rated at 5/10. Physical examination revealed decreased range of motion along the cervical spine. Physician's report dated 09/11/14 reveals sharp, dull, burning pain in the cervical spine rated at 8/10. The patient was also experiencing sharp, dull pain in both the wrists radiating to the pinky. The wrist pain was rated at 5/10. The patient also experienced numbness, tingling and weakness in both the hands. The patient received physical therapy, as per reports dated 10/14/14, 10/02/14, and 09/26/14 provided by the Chiropractor. The reports, however, do not discuss the number sessions and any improvement in pain and functionality that was noticed after the therapy. Patient's list of medications includes Tylenol #3, Neurontin, Flector patch, and Flurbiprofen, as per progress report dated 09/11/14. MRI of the Lumbar Spine, 10/02/14: - L2-3: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing.- L3-4: 2 mm broad-based posterior disc protrusion without evidence of neural foraminal narrowing. Mild canal stenosis and facet joint hypertrophy seen.- L4-5: 2mm broad-based posterior disc protrusion resulting in moderate canal stenosis. Facet joint hypertrophy seen. - L5-S1: 3-4mm broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing.. Diagnosis, 09/11/14 - Herniated Cervical Disc- Herniated Lumbar Disc- Spinal Stenosis - RTC Syndrome- Annular Tear in Lumbar Spine- Shoulder Osteoarthritis The treating physician is requesting for RETROSPECTIVE URINE

TOXICOLOGY DOS 09/11/14. The utilization review determination being challenged is dated 10/22/14. The rationale was "Worker appeared to be subjected to urine drug testing on every office encounter, which is unnecessary per clinical guidelines." Treatment reports were provided from 09/11/14 - 10/14/14.

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

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

**Retrospective Urine Toxicology, DOS: 9/11/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

**Decision rationale:** The patient presents with dull, achy, and throbbing lumbar, pain rated as 5/10, radiating to the left thigh and causing a tingling sensation there, per progress report dated 10/14/14. The request is for RETROSPECTIVE URINE TOXICOLOGY DOS 09/11/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient complains of lower back pain radiating to the lower extremities. She has been prescribed Tylenol # 3, as per progress report dated 09/11/14. This is an opioid medication, the use of which would warrant urine drug screen. The treating physician does not indicate the risk status of the patient nor does he provide documentation related to previous urine drug screens. The utilization review denial letter, however, states it reviewed PR2 reports dated 09/11/14 and 06/12/14 and a supplemental report dated 12/02/13 provided by the physician and "Worker appeared to be subjected to urine drug testing on every office encounter, which is unnecessary per clinical guidelines." These previous reports, unfortunately, were not included in the file for this review. There is no evidence that the UR contention is untrue. Given the lack of risk assessment on this patient's opiate use, more than 1-2 time per year for urine toxicology would appear excessive. The request is not medically necessary and appropriate.