

<b>Case Number:</b>	CM14-0092710		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/03/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Management and is licensed to practice in Tennessee. 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 case of a 59-year-old female who has filed a claim for lumbar sprain/strain, lumbar radiculopathy, status post lumbar spine fusion surgery 2012, status post spine stimulator, right wrist sprain/strain associated with an industrial injury date of 08-02-2000, 07-19-1991. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient still complains of low back pain radiating to the left lower extremity with numbness and constant 5/10 right wrist pain with tingling sensation. Intake of oral medications and application of topical medications has not produced any side effects and has helped with the pain, allowing the patient to walk longer and increasing sleep time. Examination of the lower back shows spasms at the lumbar region and tenderness of the paraspinal muscles and spinous processes. Compression test and McKenzie's side glide test were positive. Lumbar ranges of motion were decreased upon measurement. MMT's for lumbar spine flexion, extension, lateral bending, and axial rotation were slightly decreased at 4/5 upon measurement. Examination of the right wrist showed decreased flexion, radial deviation, and ulnar deviation of the right forearm joints. Treatment to date has included physical therapy, medications, surgery. Medications taken included tramadol, gabapentin, terocin patch, flexeril, and motrin. Urine drug testing dated 02/07/2014 tested negative for opiates, narcotics, analgesics, barbiturates, antidepressants, benzodiazepines, muscle relaxants, or any other medication. Utilization review dated 05/28/2014 denied the request for urine drug screen 02/25/14 because the patient is not prescribed any opioid or narcotic medications. Additionally, there is no documentation of aberrant behaviour or medication misuse or abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behaviour includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient does not have any psychiatric comorbidities or any documentation of any aberrant behaviour. She is currently not on any opioid or narcotic medications. Furthermore, latest urine drug testing dated 02/07/2014 tested negative for opioid or narcotic medications. The clinical indication for urine drug screening has not been clearly established. Therefore, the request for urine drug screen is not medically necessary.