

<b>Case Number:</b>	CM14-0099325		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/15/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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:

According to the records made available for review, this is a 64-year-old female with a 10/19/97 date of injury. At the time (5/20/14) of the request for authorization for urine drug screen and retrospective request for Range of Motion Testing, DOS unspecified, there is documentation of subjective (persistent flare-ups of pain about her neck and lower back regions) and objective (tenderness was noted over the midline of the lumbosacral spine as well as over the bilateral lumbar paraspinal musculature, and decreased lumbar spine range of motion) findings, current diagnoses (fibromyalgia cervical spine, thoracic spine, and lumbar spine; multiple surgeries for left facial injury; and bilateral carpal tunnel syndrome, left greater than right), and treatment to date (medication including ongoing use of opioids). Medical reports identify previous urine drug screen.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction and misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of fibromyalgia cervical spine, thoracic spine, and lumbar spine; multiple surgeries for left facial injury; and bilateral carpal tunnel syndrome, left greater than right. In addition, there is documentation of on-going opioid treatment and previous urine drug screens. However, there is no documentation that the patient is at "moderate risk" of addiction and misuse or has "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.

**Retrospective request for Range of Motion Testing, DOS unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility

**Decision rationale:** MTUS does not address the issue. ODG does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Therefore, based on guidelines and a review of the evidence, the retrospective request for Range of Motion Testing, DOS unspecified is not medically necessary.