

<b>Case Number:</b>	CM14-0194039		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice 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 47 year old patient with date of injury of 10/14/2013. Medical records indicate the patient is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, head contusion, acute cervical sprain/strain, multilevel disc protrusion, bilateral knee sprain/strain and right lower extremity radiculopathy. Subjective complaints include neck pain rated 6/10, described as frequent; lower back pain that radiates down bilateral legs, rated 7/10, described as frequent; frequent bilateral shoulder pain, rated 4/10; right knee pain rated 2/10. Objective findings include decreased range of motion to cervical spine with tenderness over the paraspinals bilaterally. Spurling's sign positive on the right; decreased lumbar spine range of motion with tenderness over the paraspinals, Kemp's sign positive bilaterally, decreased strength and sensation at 4/5 bilaterally at L4, L5 and S1. Patient has decreased right knee range of motion with flexion 150 degrees and extension 0, two well healed portal scars, 4+/5 quadriceps strength and tenderness over the medial and lateral joint lines. Treatment has consisted of physical therapy, cane, Ibuprofen and Omeprazole. The utilization review determination was rendered on 11/06/2014 recommending non-certification of Urine Toxicology Screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96, 108-109. 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. [REDACTED]

[REDACTED] 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 medical documentation provided does not indicate that this patient is utilizing opioid therapy, only documenting the use of Ibuprofen for pain relief. 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 Urine Toxicology Screen is not medically necessary.