

<b>Case Number:</b>	CM14-0215851		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 58 year old female, who sustained an industrial injury on June 29, 2006. She has reported persistent pain in the mid and low back with numbness and weakness of the lower extremities noted, right greater than left and was diagnosed with cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, stress, insomnia, rule out fibromyalgia and fatigue. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, acupuncture therapy, physical therapy, chiropractic care and pain medications. Currently, the IW complains of chronic mid and low back with numbness and weakness of the lower extremities noted, right greater than left. The IW was noted to sustain an industrial injury in 2006 while performing certified nurse assistant (CNA) duties. Since the injury she has proceeded with acupuncture therapy and pain medications. On June 5, 2014, the IW continued to complain of symptoms as previously noted. It was noted the disability status was permanent and stationary at this time and that the IW was in the chronic phase of treatment. The plan was to continue the current medication regiment for pain and insomnia. On August 25, 2014, the IW submitted a drug screen. Radiographic imaging of the cervical spine on September 5, 2014 revealed cervical spine abnormalities including disc protrusion. Sleep studies on September 3-4, 2014 revealed abnormal sleeping patterns with decreases restless eye movement (REM) sleep. On September 16, 2014, the symptoms continued and a pain cream was prescribed. Evaluation on September 23, 2014, revealed continued pain in the lumbar and thoracic spine. A cervical steroid injection was requested. On September 4, 2014, functional capacity evaluation reported the IW was not able to perform regular job duties of a CNA. On

November 10, 2014, she underwent a lumbar epidural steroid injection (ESI). On December 6, 2014, she underwent extracorporeal shockwave treatment (ESWT). On December 4, 2014 Utilization Review non-certified a urinalysis for toxicology, noting the MTUS guidelines were cited. On December 23, 2014, the injured worker submitted an application for IMR for review of requested urinalysis for toxicology.

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

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

**Urinalysis test for toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The request is for a urine specimen toxicology screen. These are commonly used for urine drug screens. The California MTUS does recommend urine drug screens for patients on opioid therapy. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Ultram. Periodic and random drug screening is recommended in patients who are on opioid therapy per the California MTUS. Therefore criteria for a urine drug screen have been met and the request is certified.