

<b>Case Number:</b>	CM14-0218386		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 is a thirty-six year old male who sustained a work-related injury on February 8, 2013. A request for a urine analysis was non-certified by Utilization Review (UR) on December 12, 2014. The UR physician utilized the California (CA) Chronic Pain Medical Treatment Guidelines and the ACOEM guidelines in the determination. The CA Chronic Pain Medical Treatment Guidelines recommends that urine analysis is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ACOEM indicates the routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. The frequency of the testing is recommended as baseline, randomly at least twice and up to four times per year and at termination. The screening should be performed "for cause." Upon review of the submitted documentation, the UR physician determined that because the injured worker had a urine analysis in October, 2014 and was considered a low risk for substance abuse, the request for urine analysis was not medically necessary. A request for Independent Medical Review (IMR) was initiated on December 19, 2014. A review of the documentation submitted for IMR revealed the injured worker sustained a work-related injury to his low back with pain radiating to his right testicle. An MRI of the lumbar spine from December 23, 2013 revealed very mild discogenic changes at the L4-5 level and mild foraminal stenosis bilaterally at L4-5. Previous therapy included physical therapy and pain medications. A physician's evaluation of February 4, 2014 indicated that the injured worker had no pain medications to use at the time of the

evaluation. Previous use of Norco and Soma for pain was reported as helpful. On examination, the injured worker showed a decrease in range of motion of the lumbar spine and had tenderness to palpation. Diagnoses associated with the evaluating included lumbar radiculopathy, lumbar discogenic pain and lumbar sprain/strain. The injured worker's plan of care included Norco 10/325 mg #60, Soma 350 mg #60 and urine toxicology screen. The injured worker was evaluated on May 12, 2014 and on July 21, 2014 for low back pain. On each evaluation he reported the pain as constant in nature and rated the pain a 9 on a 10-point scale. The evaluating provider continued the injured worker on his Norco 10/325 mg and Soma 350 mg. On September 15, 2014, the injured worker was evaluated by a neurosurgeon for his work-related injuries. His chief complaints were mechanical back pain and intermittent leg radiculopathies. The evaluating physician recommended physical therapy with an active core muscle strengthening and maintenance flexibility and home exercise program. On December 2, 2014 the injured worker was evaluated for neck pain; upper, mid, low back pain; left shoulder pain; bilateral upper arm pain, left upper leg pain, bilateral knee and lower leg pain; numbness, tingling and weakness in the arms and hands; numbness, tingling and weakness of the legs and feet and blurry and double vision. At the time of the evaluation, the injured worker used Norco and Soma for pain management.

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

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

**Urine analysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction & Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**Decision rationale:** Urine analysis is not medically necessary per the MTUS and the ODG guidelines. The documentation is not clear on how many prior urine toxicology tests were performed. The request as written does not indicate a quantity. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. The documentation does not indicate evidence of high risk adverse outcomes from prior testing. The documentation indicates that the patient had a urine analysis in October 2014. It is unclear why a repeat urine toxicology screen is necessary in the absence of high risk behavior. The request for urine analysis is not medically necessary.