

<b>Case Number:</b>	CM14-0218925		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/25/2014
<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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 64-year-old female with a work related injury dated May 1, 2008. In the physician's visit dated October 22, 2014, the worker reported that her pain level was significantly reduced due to a recent sacroiliac joint injection. Pain relief was greater than 80 percent and had resulted in greater pain-free range of motion, greater sitting tolerance and a greater ability to perform her activities of living as well as her home exercise program. The worker also reported taking less pain medication since the injection. Current pain was reported to be in the buttock, would radiate to the thigh, and was described as aching and sharp in character. Pain was made worse with sitting and better with lying flat. Pain at its worse was a ten on a scale of ten and was intermittent mostly associated with sitting. Physical exam was remarkable for localized pain in the sacroiliac joint with bilateral cervicohoracic muscle spasms when palpated, there was also pain in the internal and external rotation of the right hip and no pain with extension of the knee or deviating the patella laterally or medially. Range of motion was reduced at the end of range with flexion and extension of the lumbar spine due to pain. A urine drug screen was appropriate for the current patient medications. Diagnoses at this visit included lumbosacral radiculopathy treated by three epidural steroid injections, breast cancer requiring surgery with some residual pain, right sacroiliac joint pain that had responded to steroid injections, right sacroiliitis, coccydynia and right hip joint pain. At this visit, there were no documented changes in her pain of treatment and she was to follow up in three months. The utilization review decision dated November 25, 2014 non-certified the retrospective request for a comprehensive drug screen completed on September 25, 2014. The denial was based on the CA MTUS Chronic Pain Treatment Guidelines, which

recommend drug screening to assist with monitoring compliance of a prescription drug treatment regime. There was no documentation of provider concerns over patient use of illicit drugs or otherwise non-compliance with prescription medications. There were no previous results of a drug screen or results that would support the need for a repeat drug screen.

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

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

**Comprehensive Urine Drug Screen (UDS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation Urine Drug Screen

**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. ODG further clarifies frequency of urine drug screening: - Low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for retrospective comprehensive urine drug screen is not medically necessary.