

<b>Case Number:</b>	CM14-0219330		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 65 year old female, who sustained an industrial injury on 12/01/1998. She has reported low back pain. The diagnoses have included lumbar spondylosis without myelopathy, axial/mechanical low back pain, bilateral lumbar facet syndrome, prior radiofrequency lumbar facet neurotomy with positive results, and failed conservative treatments. Treatment to date has included physical therapy, chiropractic treatments, medications, activity modification, right lumbar L3-L5 transforaminal epidural; injection and extradural myelogram (07/03/2014), right lumbar L5-S1 transforaminal epidural injection and extradural myelogram (07/24/2014) radiofrequency right lumbar facet neurotomy at L3-S1 (10/30/2014), and radiofrequency left lumbar facet neurotomy at L3-S1 (11/10/2014). Currently, the IW complains of chronic lumbar pain. Recent diagnostic testing has included a MRI of the lumbar spine revealing evidence of right lumbar radiculopathy and disc degenerative disease. There was a laboratory requisition form noted in the records with a collection date of 08/27/2014; however, the type of testing and/or results were illegible. On 12/05/2014, Utilization Review non-certified a urine toxicology screening, noting the absence of documented concerns over the use of illicit drugs, non-compliance with prescription medications, or documented dates of previous screenings over the last 12 months including results and any potential actions taken. The MTUS and ODG guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of urine toxicology screening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation ODG,Urine Drug Test

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96 and 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. University of Michigan Health System Guidelines 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 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 SCREENING is not medically necessary.