

<b>Case Number:</b>	CM15-0008489		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	02/10/1992
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 02/10/1992. The diagnoses have included low back pain, clinically consistent lumbar radiculopathy, status post lumbar laminectomy, status post discectomy with fusion from C3-C6, neck pain, cervical degenerative disk disease, and bilateral foot pain. Treatments to date have included surgery, medial branch block, epidural steroid injection, chiropractic therapy, and medications. Diagnostics to date have included lumbar spine MRI on 09/19/2011 which showed moderate degree central canal and bilateral lateral recess stenosis at L3-4 and extensive postoperative changes and mild epidural fibrosis at L4-5. In a progress note dated 11/06/2014, the injured worker presented with complaints of persistent neck and low back pain. The treating physician reported the medications help with the injured worker's pain activity tolerance and requesting urine drug screen's to monitor the prescription medication and to make sure there are no illicit substances. Utilization Review determination on 12/15/2014 non-certified the request for Oxybutynin XL 16mg #30 and modified the request for 4 Random Urine Drug Screens per Year, 9 units to 3 Random Urine Drug Screens, 9 units citing Non-Medical Treatment Utilization Schedule and Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxybutynin XL 15mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Urinary incontinence in neurological disease. Management of lower urinary tract dysfunction in neurological disease. London (UK): National Institute - for Health and Clinical Excellence (NICE); 2012 Aug. 40 p. (Clinical guideline; no. 148)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oxybutynin XL: Uptodate.com: Drug information.

**Decision rationale:** The MTUS is silent regarding the use of Oxybutynin. Oxybutynin is FDA approved for the treatment of symptoms associated with overactive uninhibited neurogenic or reflex neurogenic bladder (eg, urgency, frequency, leakage, urge incontinence, dysuria); treatment of symptoms associated with detrusor overactivity due to a neurological condition (eg, spina bifida). In this case the patient has a history of urinary dyssynergy symptoms related to neurogenic bladder from prior back surgery. The documentation supports that the patient has good symptomatic relief with the use of Oxybutynin. The continued use is medically appropriate.

**4 random urine and drug screens per year, 9 units: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the patient is taking multiple narcotic medications and benzodiazepine medications. It is appropriate to perform random urine drug screen in this case.