

<b>Case Number:</b>	CM15-0015918		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old male, who sustained a work related injury on 6/30/14. The diagnoses have included left pelvic fractures, left ischial bursitis, L5-S1 spondylosis with spondylolisthesis, bilateral shoulder impingement, anxiety/depression and sleep problems. Treatments to date have included oral pain medications and physical therapy. In the PR-2 dated 12/17/14, the injured worker complains of continuous low back pain with pain that radiates down both legs-left greater than right. He rates this pain an 8/10. He also complains of bilateral hips/buttocks, bilateral shoulders and bilateral wrists pain. He rates this pain a 6/10. He states he difficulty with activities of daily living. He has tenderness to palpation of lower back. The patient denied a history of substance abuse or aberrant drug behavior. The medications listed are Hydrocodone once a day and Colace. On 1/6/15, Utilization Review modified a request for 4 separate urine drug screens to 2 separate urine drug screens. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four separate urine drug test screens: qualitative point of care test and quantitative lab confirmations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 42-43, 74-96.

**Decision rationale:** The CA MTUS recommend that compliance monitoring be implemented during chronic opioid treatment. It is recommended that Urine Drug Screen ( UDS) can be utilized at initiation and then randomly up to four times a year during chronic opioids treatment. The documentation of other compliance measures such as absence of aberrant drug behaviors, Pills count, database checks and functional restoration are also required. The qualitative laboratory confirmatory tests is utilized when the point of care quantitative test results are unexpected or equivocal. The records indicate that the patient is utilizing minimal doses of opioids. There is no documentation of aberrant drug behavior or unexpected point of care qualitative test result. The criteria for four separate Urine Drug Screen : four qualitative point of care and four laboratory quantitative tests was not met.