

<b>Case Number:</b>	CM15-0144675		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 42 year old male, who sustained an industrial injury on 12-5-12. The injured worker was diagnosed as having status post colostomy in 12-2012, suspicion of a sphincter injury and persistent perineal wound. Medical records indicated the injured worker sustained a crush trauma injury to his lower extremity and pelvis. He underwent several extremity surgeries and a rehabilitation program. The physical exam (2-25-15 through 6-8-15) revealed abdominal wound healing without signs of infection. Treatment to date has included Suboxone, Gabapentin and Bethanechol. The urine drug screen on 12-30-14 was inconsistent for prescribed medications. On 3-31-15 the injured worker had a qualitative and quantitative urine drug screen that was positive for Buprenorphine, the treating physician noted that this was consistent with prescribed medications. As of the PR2 dated 5-10-15, the injured worker reports voiding dysfunction that consists of incomplete emptying, a hesitant stream requiring him to strain and push. The treating physician noted normal concentration ability of kidneys and a post-void volume of 15mls. The treating physician requested a urine drug test quantitative lab confirmations and a urine drug test qualitative point of care test. The Utilization Review dated 7-6-15, non-certified the request for a urine drug test quantitative lab confirmations and a urine drug test qualitative point of care test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test: quantitative lab confirmations:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The requested Urine drug test: quantitative lab confirmations are not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing" recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic) Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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 treating physician has documented that on 3-31-15 the injured worker had a qualitative and quantitative urine drug screen that was positive for Buprenorphine, the treating physician noted that this was consistent with prescribed medications. As of the PR2 dated 5-10-15, the injured worker reports voiding dysfunction that consists of incomplete emptying, a hesitant stream requiring him to strain and push. The treating physician noted normal concentration ability of kidneys and a post-void volume of 15mls. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug test: quantitative lab confirmations are not medically necessary.

**Urine drug test: qualitative point of care test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The requested Urine drug test: qualitative point of care test is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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 treating physician has documented that on 3-31-15 the injured worker had a qualitative and quantitative urine drug screen that was positive for Buprenorphine, the treating physician noted that this was consistent with prescribed medications. As of the PR2 dated 5-10-15, the injured worker reports voiding dysfunction that consists of incomplete emptying, a hesitant stream requiring him to strain and push. The treating physician noted normal concentration ability of kidneys and a post-void volume of 15mls. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug test: qualitative point of care test is not medically necessary.