

<b>Case Number:</b>	CM15-0173456		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 35 year old male, who sustained an industrial injury on 6-12-2014. The injured worker was diagnosed electric shock with multiple burns in the right trapezius-chest and bilateral feet requiring grafting and amputation in the right fifth and left fourth and fifth toes, cervical-trapezial musculoligamentous sprain-strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculitis. The request for authorization is for: Anaprox DS 550mg #60, Colace 100mg #100, Ultram 50mg #60, Fexmid 7.5mg #60, and one urine drug screen. The UR dated 8-4-2015: certified the request for Anaprox DS 550mg #60 and Colace 100mg #100; modified certification of Ultram 50mg #45; and non-certified Fexmid 7.5mg #60 and one urine drug screen. The records indicate he has been utilizing Anaprox, Fexmid and Colace, since at least January 2015, possibly longer. He is reported to have been utilizing Tramadol since at least March 2015. On 1-23-15, he reported having muscle spasms and constipation. He rated his pain 3-4 out of 10 with medications and 7 out of 10 without medications. On 7-22-2015, he reported having problems with a subcutaneous balloon and having a recent steroid injection into the bilateral feet. Objective findings revealed healing surgical scars on the bilateral feet, palpable balloon implant under the skin of the right upper shoulder, and tenderness in the low back. The records do not discuss current subjective report of constipation or muscle spasms. The provider noted in the review of systems he was positive for constipation, joint pain and muscle spasm. His current pain level with or without medications is not documented on 7-22-2015. The provider noted that there was no aberrant drug

taking behaviors, no adverse side effects and he was better able to perform activities of daily living such as self-care with the use of Ultram, Fexmid, Colace, and Anaprox. The treatment and diagnostic testing to date has included: sleep study (1-7-2015), medications, physical therapy (amount of completed sessions is unclear), electrodiagnostic studies (12-18-2014), home exercise program, amputation of toes with graft from shoulder (5-28-2015), magnetic resonance imaging of the cervical spine (3-26-15), urine drug screen (7-22-2015) was consistent with prescription.

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

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

#### **Urine Drug Screen: Overturned**

**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): Opioids (Classification), Substance abuse (tolerance, dependence, addiction). 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), page 32.

**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 patient has been on chronic opioid therapy. The treating physician has indicated why a urine drug screen is necessary at this time. The treating physician is currently weaning the patient off of opioids and needs to monitor the patient for possible abuse. As such, the request for Urine Drug Screen is medically necessary.