

<b>Case Number:</b>	CM15-0173570		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 6-6-2005. The injured worker was diagnosed as having cervical protrusion with foraminal stenosis, right median neuropathy, lumbar myofascial pain, acromioclavicular osteoarthropathy with partial tear on the right, and right shoulder possible tendinitis. The request for authorization is for: one urine toxicology screening. The UR dated 8-7-2015: certified one prescription of Hydrocodone 7.5mg #60, and one prescription of Colace 50mg #30; and non-certified one urine toxicology screening. On 1-28-2015, urine toxicology was positive for opiates and negative for all other testing factors. On 7-10-2015, she reported right wrist and hand pain rated 6 out of 10, neck pain rated 5 out of 10, low back pain with radiation into the right lower extremity rated 6 out of 10, and right shoulder pain rated 5 out of 10. She indicated she needed a new TENS unit because her current one was no longer functioning and its use helps to decrease her pain. She denied side effects to the Hydrocodone 7.5mg twice daily she is reported to utilize. The record indicates urine toxicology is being monitored due to injured worker being at "high risk with poor response to opioids in the past, depression, no return to work for period of several months". On 7-31-2015, she reported right shoulder pain rated 8 out of 10. She is reported to have completed 24 physical therapy sessions, and failed home exercise, activity, modification and non-steroidal anti-inflammatory drugs. She also reported right wrist and hand pain rated 5 out of 10, neck pain rated 5 out of 10, low back pain rated 5 out of 10 with radiation into the right lower extremity. She is indicated to be using Hydrocodone 7.5mg twice daily, and TENS for pain reduction and improve her activities. Physical findings revealed a positive Tinels and Phalens on the left with

diminished sensation; and tenderness is noted to the neck and low back with limited range of motion and a positive straight leg raise bilaterally. She is noted to have tenderness in the right shoulder. The records do not discuss urine toxicology results being reviewed with the injured worker. The treatment and diagnostic testing to date has included: TENS, physical therapy, home exercises, modified activity, lumbar support.

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

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

#### **Retrospective Urine toxicology screening (DOS 7/10/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing.

**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) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** The current request is for Retrospective Urine toxicology screening (DOS 7/10/15). Treatment history includes 24 physical therapy sessions, home exercise, activity, modification, physical therapy, non-steroidal anti-inflammatory drugs, and pain medications. The patient is not working. MTUS Guidelines, Drug Testing section, Page 43 has the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. ODG Pain Chapter, under Urine Drug Testing has the following: Patients 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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Per report 07/31/15, the patient presents with chronic shoulder, neck and low back pain. Physical findings revealed positive Tinel's and Phalen's on the left with diminished sensation; and tenderness is noted to the neck and low back with limited range of motion and a positive straight leg raise bilaterally. She also noted tenderness in the right shoulder. The patient is taking Hydrocodone for the pain. The treater has requested a UDS, and states that frequent testing is required as the patient is high risk due to "poor response to opioids in the past, depression and no return to work for period of several months." This patient has had 5 UDS so far in 2015, with no discussion regarding aberrant behaviors or inconsistent UDS. MTUS states that for low risk patients, once or two yearly is sufficient. Without a discussion of UDS discrepancy, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request IS NOT medically necessary.