

<b>Case Number:</b>	CM15-0063073		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45-year-old female who sustained an industrial injury on 04/01/2011. Current diagnoses include degeneration of thoracolumbar intervertebral disc, chronic back pain, lumbar radiculopathy, myofascial pain, injury of knee, and cervical spondylosis with radiculopathy. Previous treatments included medication management, surgery, physical therapy, sacroiliac joint belt, and injections. Previous diagnostic studies included MRI of the thoracic spine and lumbar spine. Report dated 03/11/2014 noted that the injured worker presented with complaints that included a severe flare-up of pain that radiates to the right leg and buttocks, mid back and lower back pain with radiation to the left side down to the feet. Pain level was rated as 6 out of 10 at its best and 5 out of 10 at its worst on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included counseling on medication management, discontinuation of Dilaudid, use of Norco for severe pain, continue tizanidine for muscle spasms, use gabapentin for dysesthetic pain, follow up with orthopedic surgery consultation, increase functional activity, and undergo injection to the left trochanteric bursa. Requested treatments included retrospective review - Urine drug screen (DOS 4/24/14, 6/25/14, 8/19/14, 10/28/14) and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review - Urine drug screen (DOS 4/24/14, 6/25/14, 8/19/14, 10/28/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screens Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines further stipulate a recommendation for monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. This process involves risk stratifying the patient, which can be done using validated tools such as the ORT or SOAPP. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on DOS 4/24/14, 6/25/14, 8/19/14, and 10/28/14. There is documentation that the patient is prescribed controlled substances. Therefore, some form of toxicology screening of urine is appropriate, but there is no risk stratification to determine the appropriate frequency of urine toxicology screens. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. Due to the lack of opioid risk stratification, preferably by a tool such as the ORT or SOAPP, the currently requested urine toxicology test is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screens Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

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