

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0067962 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 02/03/2003 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 53-year-old male, who sustained an industrial injury on 02/03/2003. He has reported injury to the neck and low back. The diagnoses have included cervical sprain/strain; cervical disc protrusions; lumbar spondylosis; status post lumbar L4-L5 fusion laminectomy; and post-laminectomy syndrome. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Percocet, Ibuprofen, Nortriptyline, Tizanidine, and Prilosec. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical pain with numbness and tingling in the right arm; radicular pain in the right arm with stiffness; and headaches; heat improves the condition; low back pain with stiffness; and pain is rated at 7/10 on the visual analog scale. Objective findings included ambulation with the use of a cane; exhibits little spontaneous motion of the cervical and lumbar regions and moves in a stiff fashion; and decreased light touch sensation bilaterally to the C6, C7, and C8 dermatomes. The treatment plan has included the request for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43, 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**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. ODG further clarifies frequency of urine drug screening: 'Low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. '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. 'High risk' of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk as noted by the requesting provider in 3-24-15 note. At this time, the requesting provider fails to document an indication for testing. As such, the current request for urine drug screen is not medically necessary.