

<b>Case Number:</b>	CM15-0070081		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 51 year old male, who sustained an industrial injury on 11/02/2009. On provider visit dated 02/11/2015 the injured worker has reported constant neck pain that radiates to the bilateral lower extremities and bilateral shoulder pain, right wrist pain with radiation numbness and tingling in upper extremity. On examination was unremarkable. The diagnoses have included chronic pain syndrome and chronic pain syndrome. Treatment to date has included pain medication, home exercise program, psychiatry visits, steroid injections and laboratory studies. The provider requested 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 Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 76-79, and 99.

**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 go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) 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. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 9/10/2014, 11/20/2014, 12/3/2014, and 2/11/2015 which showed consistent use of opioid medication. There is documentation that the patient is on controlled substances of Norco. Therefore, screening of urine is needed, but there is no risk stratification to determine the appropriate interval. 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.