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| <b>Case Number:</b>   | CM15-0072217 |                              |            |
| <b>Date Assigned:</b> | 04/22/2015   | <b>Date of Injury:</b>       | 03/28/2003 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2015 |

### 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: Preventive Medicine, Occupational 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 year old female, who sustained an industrial injury on March 28, 2003, incurring injuries to her neck and upper back. She was diagnosed with cervical degenerative disc disease, cervical disc herniation, and cervical facet syndrome and cervicogenic headache. Treatment included a cervical laminectomy, pain medications, muscle relaxants, neuropathy medications and an antidepressant. Currently, the injured worker complained of ongoing, chronic neck pain and left sided low back pain. The treatment plan that was requested for authorization included Opiates testing, urinalysis, creatinine and LC/MS/MS once quarterly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opiates testing, once quarterly:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The injured worker is diagnosed with post-laminectomy syndrome of the cervical spine, cervical disc herniation, depression, and chronic pain syndrome. She is prescribed Flexeril, Bupropion, Glucosamine, Gabapentin, and hydrocodone. The latest urine drug screen from November, 2014 did not detect the drugs that the injured worker was prescribed. Therefore, the request for opiates testing would be appropriate. The request for opiates testing, once quarterly is medically necessary.

**Urinalysis, once quarterly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** MTUS Guidelines do not address the use of urinalysis, therefore, other guidelines were consulted. Medline states that urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. A urinalysis may be done: As part of a routine medical exam to screen for early signs of disease. If there are signs of diabetes or kidney disease, or to monitor treatment for these conditions. To check for blood in the urine or to diagnose a urinary tract infection. Its purpose for the urinalysis is not clear in the available documentation. The request for Urinalysis, once quarterly is not medically necessary.

**Creatinine, once quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lafolie P, Beck O, Blennow G, Boréus L, Borg S, Elwin CE, Karlsson L, Odelius G, Hjemdahl P. Importance of creatinine analyses of urine when screening for abused drugs. Clin Chem. 1991 Nov;37(11):1927-31.

**Decision rationale:** MTUS Guidelines and the ODG do not address the use of creatinine testing, therefore, other guidelines were consulted. Creatinine testing of urine is a simple method to verify authenticity and reducing false negative results when doing urine testing for drugs of abuse. This request is for an unknown number of tests, as was the request for urine drug screening. Medical necessity has therefore not been established. The request for creatinine, once quarterly is not medically necessary.

**LC/MS/MS, once quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section Laboratory-based Specific Drug Identification.

**Decision rationale:** MTUS Guidelines do not the use of LC/MS/MS, therefore, alternate guidelines were consulted. Per the ODG, Laboratory-based specific drug identification, includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Per the available records, the injured worker's past urine drug screens have not been contested. This request does not specify the number of tests being requested. The request for LC/MS/MS, once quarterly is not medically necessary.