

<b>Case Number:</b>	CM13-0004956		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/30/2000
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 62-year-old female who was injured on October 30, 2000. The patient continued to experience pain in her upper back, neck, bilateral wrists, and bilateral hands. Physical examination was notable for tenderness, hypertonicity, cervical muscle spasm, and decreased bilateral grip strength. Diagnoses included cervical discopathy, cervical radiculopathy, and right carpal tunnel syndrome. Treatment included medications, physical therapy, and surgery. Urine drug testing was performed on May 14, 2013. Request for authorization for urine drug screen was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for comprehensive qualitative urine drug screen (DOS 5/14/13):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): , 90-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient is not exhibiting addictive or aberrant behavior. Drug testing once yearly is recommended. There is no documentation of the date, frequency, or results of prior testing. Lack of information does not allow determination of necessity. The request is not medically necessary.