

<b>Case Number:</b>	CM13-0023535		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Rhode Island. 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 physician 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 beneficiary is a 61 year old female with cervical disc disease with a date of injury of 8/8/08. She has had Cervical-5-6 cervical discectomy and fusion in 2009. She has had physical therapy in the past with some benefit. She is seen periodically by her internist and spine specialist. She was seen by [REDACTED] on 6/13 and 7/11/13. At the time he notes no increase in pain and an unchanged exam with some point tenderness, no motor deficit, reflexes intact. The beneficiary is on gabapentin, tramadol, naprosyn and omeprazole. A urine toxicology drug screen is ordered on 7/11/13 and reviewed on 7/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Urine Drug Screen collected on 7/11/13, reported 7/31/13 and reviewed by [REDACTED] on 7/31/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95..

**Decision rationale:** The patient has chronic pain from cervical disc disease. She has had surgery in the past. Her visit of 7/13/13 notes no increase in neck pain or change in exam. She has

shoulder pain at that time. She is on no narcotics at the time. There is no medically necessity for a urine toxicology screen on this date. Guidelines on page 94 outline the need for testing for monitoring compliance, addiction, use of other drugs and diversion. None of the above appear to be the case with this patient.