

<b>Case Number:</b>	CM13-0042186		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 59 year old female who was injured on 02/23/2004. The patient suffered an injury to her neck while employed for [REDACTED]. Prior treatment history has included the patient undergoing discectomy C4-C5 and partial corpectomy on 09/13/2013. The medications at this time include Hydrocodone, Naprosyn and Lorazepam. Diagnostic studies reviewed include a chest x-ray dated 09/05/2013 showing no active disease noted. The supplemental Report, QME, dated 09/05/2013 stated the urine drug screen performed on this patient is negative for all drug categories. The drug categories tested are amphetamines, barbiturates, benzodiazepines, Cocaine, Ecstasy, Marijuana, Methadone, Methamphetamine, opiates, tricyclic, anti-depressants, Oxycodone and Phencyclidine. A specimen validity test was also performed, which is without significant abnormality. The progress note dated 09/26/2013 documented the patient stating his neck pain was better. The patient had x-rays which showed stable fixation, C4-5, C7-T1. Cervical spine has improved. Objective findings on exam included the cervical spine reveals present pain in the neck. Her arms are doing better. There is a notable difference. The recommendation is to continue physical therapy. The progress note dated 12/10/2013 and 2/19/2014 documents the patient is doing better but still has some pain. She states she is overall happy with her surgery. Objective findings on exam reveals present pain in the neck. Her arms are doing better. There is a notable difference. Range of motion is decreased. Tenderness noted on the left trapezius. The diagnoses are status post cervical fusion and probably pseudoarthrosis. The recommendations are to do home exercise programs and continue with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per California MTUS guidelines and ODG, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs as well as to monitor compliance with prescribed substances. In this case, this patient has chronic neck pain. A progress report dated 08/21/2013 indicates medication list as Hydrocodone, Naprosyn, and Lorazepam, but since then there is no documentation of patient's current medication regimen. The records indicate that there was a prior urine drug testing done on 09/05/2013 that was negative for all drug categories. Also, there is no documentation of drug abuse or illegal drug use, and therefore the patient is considered at low risk. ODG indicates that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. As such, the request for urinalysis is considered not medically necessary.