

<b>Case Number:</b>	CM13-0054361		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 56-year-old female with a date of work injury of 3/22/06 involving her right shoulder, right arm, sleep disorder and psyche resulting from a trip and fall accident at work. The diagnoses include cervical radiculopathy, displacement of cervical intervertebral disc, cervical neuroforaminal stenosis at C2-3, C3-4, C4-5, C5-6, and C6-7, right subacromial bursitis, right acromioclavicular osteoarthritis, myalgia. There is a request for the medical necessity of a retrospective urinalysis drug screening (10/3/13). An 11/26/13 pain management consultation document states that the patient continues to have neck pain, and right upper extremity symptoms. The physical exam revealed tenderness around the right shoulder. There is decreased sensation in the C5-T1 dermatomes and decreased strength in the C5-T1 myotomes. There is tenderness at the cervical facets. There is positive Spurling's, distraction and foraminal compression tests bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) URINALYSIS DRUG SCREENING BETWEEN 10/3/2013 AND 10/3/2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction and Substance abuse (tolerance, dependence, addiction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 43, 94.

**Decision rationale:** The request for a retrospective urinalysis drug screening (10/3/13) is not medically necessary per the MTUS guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The documentation submitted for review does not reveal that the patient was taking any opioid medication. Therefore, the request for retrospective urinalysis drug screening (10/3/13) is not medically necessary.