

<b>Case Number:</b>	CM13-0054963		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Neurology 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 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:

██████████ is a 48-year-old man who sustained a work-related injury on September 6, 2011. He subsequently developed chronic lumbar pain. He was treated with conservative therapies including pain medications, unkempt artery medications, muscle relaxation, patches, and physical therapy. According a note dated April 9, 2013, the patient was complaining of cervical spine pain radiating down to the right arm. His physical examination demonstrated cervical tenderness, with spasticity and reduced range of motion. There is also tenderness of the lumbar spine with reduced range of motion. An MRI of the cervical and lumbar spine performed in 2010-2011 demonstrated degenerative disc disease. The patient was diagnosed with cervical sprain and radiculopathy and lumbar strain. There is no recent report of the medications administered to the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine test for medication compliance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** There is no listing of the medications taken by the patient. There is no documentation that the patient is taking opioids. Therefore urine test for medication compliance is not medically necessary.