

<b>Case Number:</b>	CM13-0071164		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 67-year-old gentleman injured on 11/5/12 sustaining injury to the neck. A recent clinical progress report with [REDACTED] dated 11/5/13 indicated ongoing complaints of neck pain with restricted range of motion, paraspinous tenderness, and spasm to the trapezius. There was also noted to be diminished range of motion about the shoulders. The recommendations at that time were for continued use of topical agents from a compounded point of view and a home TENS stimulator device for a current working diagnosis of cervical discogenic disease, cervical radiculopathy, facet syndrome, and right shoulder impingement. Previous electrodiagnostic studies dated 5/2/13 were negative for upper extremity findings. A urine drug screen was recommended to establish and monitor the claimant's adherence to prescription drug regimen. Oral medications were not noted at the last clinical assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94..

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, a urine toxicology screen in this case would not be indicated. There is no documentation of the oral medication being utilized that would necessitate the need for a urine drug screen. The absence of documentation of oral medications in this claimant's chronic setting would fail to necessitate the urine drug test in question.