

<b>Case Number:</b>	CM14-0101898		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Nevada. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on June 6, 2003. The mechanism of injury is noted as lifting a heavy copy machine. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of bilateral arm and right leg pain. Current medications include fentanyl patches, ibuprofen, and methadone. There was a normal physical examination on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine fusion from C5 through C7. A request had been made for office visits, quarterly urine drug screening, and quarterly alcohol testing and was not certified in the pre-authorization process on June 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Office Visits, Updated August 27, 2014.

**Decision rationale:** As the accompanying requests for quarterly visits for urine drug screening and alcohol screening have been determined not to be medically necessary, so is this request for office visits.

**Quarterly urine drug screen test X4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The progress note dated July 13, 2014, specifically states that there has been no diversion or aberrant drug taking behavior. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a quarterly urine drug screen is not medically necessary.

**Quarterly alcohol testing X4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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

**Decision rationale:** The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The progress note dated July 13, 2014, specifically states that there has been no diversion or aberrant drug taking behavior. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a quarterly urine drug screen is not medically necessary.