

<b>Case Number:</b>	CM14-0013371		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopaedic Surgery 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 records presented for review begin with a copy of an operative note indicating a multiple level cervical fusion surgery was completed. The records reflect that this is a 59-year-old individual, who was injured in June, 2007. In addition to the neck complaints, the treating physician noted a comorbidity that had been addressed for a number of years. Multiple medications are prescribed to include Cyclobenzaprine, Omeprazole, tramadol and a Terocin patch. A urine drug screen was obtained and the findings were appropriate for the medications prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO:DRUG SCREEN 11/27/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

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

**Decision rationale:** Urine drug screening is an option to assess for the presence of illegal drugs. When noting the date of injury, the date of surgery, and the multiple clinical interventions subsequent to the surgery, there is no indication for the use of illegal drug use, inappropriate drug

use, insufficient utilization as prescribed or any other parameters. Based on the clinical data presented, this testing is not clinically indicated under the Chronic Pain Medical Treatment Guidelines.