

<b>Case Number:</b>	CM14-0013749		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/11/1998
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	01/10/2014
<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 American Board of 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, indicate that this 51-year-old male was reportedly injured on 10/11/1998. The mechanism of injury was not listed. The most recent progress notes dated 9/10/2013 to 2/13/2014, indicated that there were ongoing complaints of neck pain and left upper extremity pain. Physical examination demonstrated tenderness of the left paracervicals, scalene and sternocleidomastoid muscle (SCM), left shoulder motor strength 4/5, triceps reflex 1, decreased sensation of left C5, C6, C7 dermatomes and a positive Spurling's test. Urine toxicology screens were obtained in the office on 9/10/2013, 11/5/2013, 12/17/2013, and 2/13/2014. Diagnoses: Cervical radiculopathy and neck pain. Previous treatments documented one cervical epidural steroid injection (12/20/2013), Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications to include gabapentin, MS Contin, Norco, Soma, Ambien and Tramadol. A request was made for Retro Drug Screen - date of service: 11/5/2013 and was not certified in the utilization review on 1/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO DRUG SCREEN - DOS 11-05-13:** Upheld

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

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

**Decision rationale:** MTUS guidelines support the use of urine drug screening as part of ongoing chronic opioid management. Review of the available medical records indicated the claimant has had urine toxicology testing every other month. Guidelines support urine drug screening up to 4 times a year to assess for use of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. As such, this request is not considered medically necessary.