

<b>Case Number:</b>	CM14-0170043		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 30 year old female with a date of injury 2/11/2010. Diagnoses include cervical disc protrusion, cervical sprain, thoracic myofascitis, and lumbar disc protrusion. Subjective complaints are of neck pain, intermittent thoracic spine pain, and constant severe lumbar spine pain. Physical exam shows tenderness in the trapezii, cervicothoracic junction, and spinous processes. Medications include ibuprofen, Prilosec, Ultram, Flexeril, and Gabapentin. Submitted documentation shows prior urine drug screen on 4/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology testing 1 times every 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREEN

**Decision rationale:** CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and

uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has been documentation of previous drug screens. Therefore, the medical necessity for additional urine drug screens every 6 weeks is not established at this time.