

<b>Case Number:</b>	CM14-0170267		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/27/1989
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/30/2014
<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 North Carolina. 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 patient is a 52-year-old with a reported date of injury of 2/27/1989 through 12/16/2007. The patient has the diagnoses of herniated cervical and lumbar disc disease and status post cervical vertebral surgery. Per the most recent progress notes provided by the primary treating physician dated 09/26/2014, the patient continued pain rated a 6/10 in the cervical spine and a 7/10 in the lumbar spine. The physical exam is hand written and mostly illegible but indicates lumbar decreased range of motion. The treatment plan recommendations included topical analgesic creams and a urinalysis for toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology between 9/26/14 and 12/28/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines' section on opioids, urine toxicology screens are indicated in patients who are using ongoing opioid therapy for treatment of chronic pain. There are no listed medications provided in the

most recent progress reports. A urine toxicology screen performed on 08/26/2014 was negative. A previous utilization review on 09/10/2014 had certified a urine toxicology screen that was good through 11/27/2014. There is no record provided of this toxicology screen. There is no indication of abuse, addiction, poor pain control or aberrant behavior to justify an additional urine toxicology screen. Therefore the request is not medically necessary.