

<b>Case Number:</b>	CM14-0024770		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Texas. 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 43 year old female who was injured on 03/12/2013 when she slipped and fell on her back causing injury to her neck, right shoulder, right wrist, bilateral arms and hands. According to the consulting physician's report dated 10/03/2013, she was seen for re-evaluation. Her complaints include anxiety/depression, and right shoulder, bilateral wrists, intermittent hands, neck, upper back and lower back pain. Pain is rated 6/10, without medication. Pain in all regions is improving, except lower back pain is the same. She also complains of difficulty sleeping due to pain. Refills, tenderness, physical examination reveals tenderness, full range of motion in all areas, pain with cervical, thoracic and lumbar motion, and decreased sensation in the right arm. She states she had been receiving chiropractic treatment, 2 times a week for the last 4 weeks, which is been helpful. She is currently taking medications for lupus, hypertension, and kidney, as well as ibuprofen for pain. Diagnoses are intervertebral disc disorder with myelopathy cervical region and lumbar region (1-2 mm discs), bilateral shoulder sprain/strain, mild carpal tunnel syndrome per NCV, right leg numbness, wrist sprain/strain with right dorsal ganglion cyst, insomnia, and headache. The patient is recommended to continue medications, ibuprofen 600mg x3 per day, omeprazole once per day, and addressing lotion apply 3 times per hour, Ambien once per day and Tylenol #3 with codeine one half tablet twice per day. According to the consulting physician's report dated 10/17/2013, she was seen for re-evaluation. Her complaints are neck, low back and bilateral wrist pain, and occasional headache. She states acupuncture therapy has been helpful. She describes intermittent right shoulder, wrists, neck, and lower back. Pain is rated 4/10, without medication. Physical examination documents tenderness, decreased cervical and lumbar range of motion, positive speed's test on the right, positive bracelets test on the right, positive shoulder depressive test bilaterally, spasm and tenderness of the bilateral cervical and lumbar paraspinal musculature. Diagnoses are lumbar disc pathology,

cervical disc pathology, right wrist ganglion cyst, shoulder sprain/strain. The patient is recommended to continue the course of acupuncture therapy as prescribed by the PTP. A Urine toxicology screen was completed on 11/07/2013, and was negative for all analytes tested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE REVIEW FOR URINE DRUG SCREEN FOR DATE OF SERVICE 11/7/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-91.

**Decision rationale:** According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physicians had not documented any aberrant or suspicious drug seeking behavior. The patient's medication use was ibuprofen for pain. Consequently, in the absence of issues of misuse of opiates and medical necessity of opiates, the requested urine toxicology test is not supported within the evidence based guidelines, it does not appear that the urine drug screen is medically necessary.