

<b>Case Number:</b>	CM14-0037031		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 44 year old female who reported an injury to her neck and low back. The clinical note dated 06/16/14 indicates the injured worker demonstrating a decreased range of motion throughout the lumbar and cervical spine. The note also indicates the injured worker utilizing OxyContin, Soma, and Percocet. The urine drug screen completed on 03/07/14 revealed findings consistent with the use of hydrocodone, hydromorphone, and morphine. The findings are consistent with the injured worker's drug regimen at that time. The urine drug screen completed on 01/23/14 indicates the injured worker showing consistent findings with the prescribed drug regimen. The electrodiagnostic studies completed on 01/15/14 revealed a mild sensory median neuropathy across both wrists, left greater than right. Additional findings revealed an ulnar neuropathy across the wrists. The therapy note dated 11/13/13 indicates the injured worker having completed seven physical therapy sessions to date. The urine drug screen completed on 11/14/13 revealed the injured worker showing positive findings for the use of fentanyl and nicotine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: urine drug screen; 2/3/2014:** Upheld

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

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

**Decision rationale:** The documentation indicates the injured worker having periodically undergone urine drug screens in the past. The injured worker had recently undergone a urine drug screen in 01/2014. The more recent urine drug screens indicate the injured worker showing consistent findings with the prescribed drug regimen. No other positive findings were identified on the urine drug screens. Given the injured worker's ongoing compliance and taking into account that no information was submitted regarding the injured worker's aberrant behavioral potential for drug misuse, this request is not indicated as medically necessary.