

<b>Case Number:</b>	CM14-0057606		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/26/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Practice and is licensed to practice in Texas and Georgia. 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 56 year old male who reported injury on 06/26/2006 due to an unspecified injury. The injured worker's diagnoses include status post C4-C6 decompression, anterior discectomy and fusion C3-C6, status post left shoulder arthroscopy and thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis with a disc bulge at L4-L5. Past treatments include medications, home exercises and surgeries. His diagnostic test included a lumbar MRI on 09/12/2006. On 03/19/2014 The injured worker complained of severe, constant, and sharp pain in his head with a pain level 10/10. The physical exam indicated difficulty swallowing, muscle spasm, joint pain, depression and headaches. The examination also indicated 10/10 with pain meds and 7/10 without pain meds along with difficulty sleeping. Medications included Kadia 30mg, Norco 10mg, and Elavil and others that are not legible on the documentation. A prior drug screen on 04/17/2014 was positive for opiates, Hydrocodone, Hydromorphone, Morphine, Marijuana, Acetaminophen and Tricyclic anti-depressants. The treatment plan, rationale for the request, and the request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain opiates Page(s): 78.

**Decision rationale:** The request for Urine drug screen testing is not medically necessary. The injured worker has a history of cervical spine surgery, left shoulder arthroscopy and thoracolumbar muscloligamentous sprain/strain with bilateral lower extremity radiculitis with a disc bulge at L4-L5. The California Medical Treatment Utilization Schedule MTUS guidelines for continued use of opioids state that urine drug screens may be necessary to evaluate compliance. The documentation provided did not indicate a risk stratification determine the necessary frequency of urine drug testing. The last drug screen was 04/17/2014 that indicated a positive urine test for opiates, but no documentation was provided that addressed the medication that was prescribed, specifying the risk level or suspicion of abuse or non-compliance. As such the request for Urine drug screen testing is not medically necessary.