

<b>Case Number:</b>	CM14-0091430		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 64 year old female who reported an injury on 04/28/2010 due to a fall. The clinical documentation noted her to be diagnosed with headaches, cervical disc disease, cervical radiculopathy, and status post anterior cervical discectomy and fusion at C4-C7. There were no past treatments or diagnostic studies noted in the clinical records. She did have a surgical history including a cervical spine surgery in 1996, a tonsillectomy about seven years ago, and a gallbladder surgery performed in the 1980s. On 03/12/2014, the injured worker complained of neck pain that she rated 10/10 and an onset of left leg pain. She reported that she has headaches, denies smoking but drinks occasionally. She also denies having depression, anxiety, suicidal attempts or difficulty sleeping. Upon physical examination, the injured worker was noted to have moderate tenderness to palpation with spasm over the paraspinal musculature and left trapezius muscle. The medications were noted as Amlodipine and muscle relaxant medication. The treatment plan was to pursue authorization for left C3-C4 and left C7-T1 epidural steroid injections, to continue present medications, and a urine toxicology screening, continue with rest and home exercise program. The rationale for the request was to establish a baseline and ensure compliance of medications and to ensure that she is not taking medication from multiple sources of illicit drugs. The request for authorization form was signed and submitted on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for 1 Urinalysis Drug Screening (DOS 3/12/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical care: Managing Chronic Non-Terminal Pain.

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

**Decision rationale:** The request for one urinalysis drug screening was not medically necessary. The injured worker was noted to be taking Amlodipine and muscle relaxant medication. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines may recommend urine drug testing for patients taking opioid medications to monitor compliance or to assess for the use or the presence of illegal drugs. The guidelines also state that a urine drug screen may be considered prior to the initiation of opioids to assess for the use or the presence of illegal drugs. There was no documentation of current opioid use, aberrant behaviors, suspicion for illegal drug use, or plan to initiate opioid medications to warrant a urine drug test at this time. Therefore, in the absence of a clear rationale for this testing, a urine drug screen is not supported. As such, the request is not medically necessary.