

<b>Case Number:</b>	CM14-0175603		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

This 61 year-old patient sustained an injury on 8/9/13 when moving a truck that struck a tree while employed by [REDACTED]. Request(s) under consideration include Urine toxicity screen for cervical and lumbar spine. Diagnoses include cervical sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/1/14 from the provider noted the patient with chronic ongoing pain symptoms to the neck, thoracic, and lumbar spine as well as bilateral shoulders. The patient stopped Tramadol as it did not control his pain. Exam showed diffuse tenderness at paraspinal musculature, trapezius, cervical, thoracic, and lumbar spine tenderness; positive Kemp's and Spurling's; decreased diffuse lumbar range; no neurological dysfunction noted. The patient remained not working. Treatment included urology consult for sexual dysfunction, psychology consult, sleep study, internist consult, UDS, and medications. The request(s) for Urine toxicity screen for cervical and lumbar spine was non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicity screen for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

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

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2013 injury. The patient remained not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicity screen for cervical and lumbar spine is not medically necessary and appropriate.