

<b>Case Number:</b>	CM14-0200552		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include Right shoulder impingement; lumbar spine disc herniation; and cervical spine herniated disc. Conservative care has included medications, therapy, and modified activities/rest. Report of 6/25/14 from the provider noted the patient with chronic ongoing lumbar spine pain radiating to bilateral legs with weakness and tingling; right shoulder and arm pain rated at 3/10; medications help to alleviate pain which she takes regularly without side effects. Exam showed unchanged findings of mild tenderness and spasm in cervical paraspinous and trapezius; antalgic gait; limited range in cervical spine and shoulder in all planes; positive impingement test; sensation intact; 4/5 shoulder abductors at C5; diffuse tenderness at paraspinous and facets; positive SI joint test; positive SLR; 4/5 knee extensors and hip flexors. Medications list Tramadol ER, Fexmid, Motrin, and Protonix. The patient remained TTD status. Hand-written report of 10/29/14 had minimal clinical change. The request(s) for Urine drug screen was non-certified on 11/10/14 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 drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 2012 injury. 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 refills 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 Drug Screen is not medically necessary and appropriate.