

<b>Case Number:</b>	CM14-0201693		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/10/2001
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational 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:

Inured worker is a male with date of injury 12/10/2001. Per primary treating physician's progress report dated 11/3/2014, the injured worker complains of persistent neck pain with bilateral upper extremity radicular symptoms. He tries exercises as much as he can without any equipment, but it is limited. He needs refills of medications. His pain is 8/10 before medications and comes down to 2/10 with medications. Aberrant behaviors are assessed with random urine drug screen and a signed pain agreement. Current medications include Percocet, Ultracet, Nuvigil, Ritalin, Biofreeze gel, and Imitrex. On examination there are no significant changes. Diagnoses include chronic neck pain, headaches, right upper extremity pain, history of cervical discectomy and fusion at C5-6 on 4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for (DOS 11/3/14) (1) Urine Drug Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Utilization review notes that the most recent urine drug screen was in 2/2014, and recommends that urine drug screen performed annually based on ODG recommendations. The injured worker is being treated chronically with opioid pain medications. The use of urine drug screen nine months following the most recent urine drug screen is within the recommendations of the MTUS Guidelines. The request for Retrospective (DOS 11/3/14) (1) Urine Drug Screen is determined to be medically necessary.