

<b>Case Number:</b>	CM14-0203403		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with an injury date on 4/28/11. The patient complains of severe neck pain with radiation per 10/22/14 report. The patient's cervical pain is rated 8/10, and she also has increased headaches and numbness in bilateral hands per 9/15/14 report. The patient has a cervical spine surgery authorized (unspecified), and also has had a repeat MRI of the cervical spine (results not included) per 9/15/14 report. Based on the 10/22/14 progress report provided by the treating physician, the diagnosis is degenerative disc disease C-spine. A physical exam on 9/15/14 showed "C-spine range of motion is limited, with flexion at 20 degrees. Upper extremity sensation intact except decreased sensation left lateral/posterior upper extremity." The patient's treatment history includes medications, epidural steroid injection (lumbar), physical therapy. The treating physician is requesting retro urine drug screen (DOS 9/15/14). The utilization review determination being challenged is dated 10/31/14 and denies request, stating "there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications." The requesting physician provided treatment reports from 4/21/14 to 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse and Drug Testing Page(s): 94-95; 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** This patient presents with neck pain. The treater has asked for retro urine drug screen (dos 9/15/14) but the requesting progress report is not included in the provided documentation. The patient is taking Vicodin as of 9/15/14 report. Review of reports from 4/21/14 to 10/22/14 did not show any prior urine drug screens, nor did it include the aforementioned retrospective urine drug screen with date of service 9/15/14. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treater has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. The request is medically necessary.