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| <b>Case Number:</b>   | CM14-0206364 |                              |            |
| <b>Date Assigned:</b> | 12/18/2014   | <b>Date of Injury:</b>       | 10/25/2012 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2014 |

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 47year old man with a work related injury dated 10/25/12 resulting in injury to the head, bilateral hands and right knee. The patient was evaluated by the provider on 9/17/14. He continued to complain of pain in the neck with radiation to the left arm and blurred vision with redness in his eyes. The physical exam showed decreased range of motion of the cervical spine with a positive Spurling's test. The diagnosis includes Head trauma, cervical sprain/strain, headaches and blurred red eyes. The plan of care includes a cervical epidural steroid injection at C4/5, and acupuncture. There is no recent medication list provided for review. Under consideration is the medical necessity for the Chromatography, quantitative (urine drug screen) which was denied during utilization review on 11/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, Quantitative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Urine Drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the patient is taking any opioid analgesic medications therefore the use of chromatography, quantitative for the purpose of a urine drug screen is not medically necessary.