

<b>Case Number:</b>	CM14-0207279		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 58-year-old male with a date of injury of 09/19/2008. According to progress report dated 11/03/2014, the patient is status post 3-level C-spine fusion on 08/23/2013, and has recently trialed a bone stimulator. The treating physician notes that the patient was recently seen for an AME in which the physician recommended a CT scan to evaluate the fusion. The patient rated current pain as 2/10 on a pain scale. Examination of the cervical spine on this date revealed cervical spine rotation 35 degrees, extension 10 degrees, and flexion (illegible). The patient complains of episodes of numbness and tingling in the right upper extremities. According to progress report dated 11/07/2014, the patient's medications include Norco t.i.d., Baclofen, and blood pressure medications. He also takes low-dose aspirin due to coronary artery disease. The patient reports mild tremors in his hands and has discontinued gabapentin. He reports being unable to tolerate Tylenol No. 3. The listed diagnoses are: 1. History of cervical spondylosis, degenerative disk disease and radiculopathy, status post 3-level cervical fusion on 08/23/2013 with persistent upper extremity pain. 2. Myospasm with myofascial trigger points. 3. Bilateral occipital neuralgia and cervicogenic headaches. 4. Chronic pain secondary to trauma. 5. Status post myocardial infarction, 09/26/2011. 6. Complex pharmacological management of his diabetes, hypertension, pain, and anticoagulation. 7. Hypertension, diabetes, sleep apnea. Treatment plan was for a urine drug screen. The Utilization review denied the request on 11/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug Screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under Opiate Management, Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing.

**Decision rationale:** This patient is status post 3-level C-spine fusion on 08/23/2013 and continues with upper extremity pain. The current request is for drug screening. The utilization review denied the request but a rationale for the denial was not provided. MTUS page 77, under opiate management: (j) "Consider the use of urine drug screen to assess for the use or the presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risks of opiate users. ODG Guidelines recommends one yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The medical file provided for review includes progress reports from the primary treating physician and orthopedic surgeon. None of the reports discuss prior UDS. The patient's current medication regimen includes Norco and a urine drug screen to monitor for compliance is within ODG Guidelines. The request for Drug Screening is medically necessary.