

<b>Case Number:</b>	CM14-0065438		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Family 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:

This is a 54 year old male who suffered an unknown work related injury on 06/09/2010. The diagnoses include cervical spine/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis and multi-level degenerative disc disease, and lumbar spine musculoligamentous sprain /strain with bilateral lower extremity radiculitis. Per the doctor's note dated 12/31/2013, he had worsening of neck symptoms, on and off flare up of low back and bilateral feet symptoms. Physical examination revealed cervical spine- tenderness and guarding, increased neck pain with Spurling's maneuver and axial compression test, decreased range of motion, slightly decreased sensation in the bilateral upper extremities along the C5 through C7 dermatomal distributions, normal strength and reflexes. The medications list includes Tramadol, Zanaflex, and Pamelor. He has had cervical MRI dated 3/9/2009 which revealed multi-level degenerative disc disease, with 3-4 mm disc/osteophyte complex with central canal and neural foraminal stenosis at C5-C6 and C6-C7; lumbar MRI dated 8/14/2007 which revealed disc bulge at L3-L4 and L4-L5 and central canal stenosis at L5-S1, with facet hypertrophy at L3-L4 through L5-S1; EMG/NCS which revealed left carpal tunnel syndrome. He has had urine drug screen dated 4/7/14 which was positive for tramadol and tricyclic antidepressant; urine drug screen on 1/15/14 which was positive for oxycodone. He continues to have work restrictions at work including avoidance of repetitive neck flexion and extension or prolonged positioning. Additionally he is to avoid repetitive or forceful gripping and grasping, as well as heavy lifting and repetitive bending and stooping, or very prolonged standing or walking. He has had home exercise program and home electrical stimulation for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS 1/15/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Differentiation: Dependence & Addiction, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications list includes Tramadol, Zanaflex, and Pamelor. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids was not specified in the records provided. History of aberrant drug behavior was not specified in the records provided. The medical necessity of Retrospective Urine Drug Screen (DOS 1/15/2014) was not established for this patient at that juncture. Therefore, the request is not medically necessary.