

<b>Case Number:</b>	CM15-0102668		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female with an October 20, 2012 date of injury. A progress note dated April 1, 2015, documents subjective findings (neck pain radiating to both upper extremities, worse on the left, with numbness and tingling; pain rated at a level of 8-9/10 without medications, and 4-5/10 with medications), objective findings (moderately tender in the cervical paraspinal muscles and the lower facets; range of motion mildly decreased in all fields causing pain; sensation is decreased in the lateral arms, worse in the left; Spurling's positive on the left; rash on forearm), and current diagnoses (cervical pain; cervical degenerative disc disease; right C6 radiculopathy; rotator cuff strain; chronic pain syndrome; headaches; lower back pain). Treatments to date have included medications, physical therapy, cognitive therapy, computed tomography myelogram (showed broad based posterior disc protrusion at multiple levels with mild deformity of ventral aspect of the cord at C4-C5 level, ossific density at C5-C6, mild deforms the ventral aspect of the cord), electromyogram (2013; showed right C6 radiculopathy and bilateral carpal tunnel syndrome), epidural steroid injection, chiropractic, exercise, and transcutaneous electrical nerve stimulator unit. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Urine drug testing.

**Decision rationale:** The patient presents with pain affecting the neck with radiation the bilateral upper extremities. The current request is for One (1) urine toxicology screen. The treating physician report dated 4/1/15 (44B) states, "We have urine toxicology screen from 01/29/15 consistent with her Norco and Soma, which she is taking. We are checking another toxicology screen today." The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The patient has been on Norco since at least 12/2012, and all previous urine drug screens were consistent with prescription therapy. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, the current request for a drug screen on 4/1/15 is excessive as the patient had a UDS performed on 1/29/15, which was consistent and showed no aberrant drug behavior. Furthermore, the treating physician has a consistent CURES report from 3/3/15, and there is no evidence in the documents provided, that the patient is at high risk of abuse or that she exhibits any red flags that may lead to opioid abuse. The current request is not medically necessary.