

<b>Case Number:</b>	CM15-0106405		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

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:

The injured worker was a 38 year old female, who sustained an industrial injury, September 28, 2011. The injured worker previously received the following treatments Zoloft, Ativan, psychotherapy services, cervical spine MRI, C5-C6 fusion, Tylenol #3, Flexeril and epidural injections. The injured worker was diagnosed with disc replacement, cervical spine disc arthroplasty at C5-C6, bilateral shoulder sprain/strain, bilateral spine sprain/strain, anxiety and depression. According to progress note of January 2, 2015, the injured workers chief complaint was cervical spine, bilateral shoulders and wrist pain. The cervical spine pain was causing difficulty with activities of daily living. The injured worker was having difficulty with balance and rapid fatigue of the upper extremities. The physical exam noted limited range of motion to the cervical spine with weakness in the right upper extremity and slight pathological reflexes on the right. The treatment plan included chromatography completed on April 13, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography date of service 4/13/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Urine drug screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient complains of pain in cervical spine and bilateral shoulders, as per progress report dated 05/01/15. The request is for chromatography date of service 4/13/15. There is no RFA for this case, and the patient's date of injury is 09/28/11. The patient is status post C5-6 anterior cervical discectomy and disc replacement, as per operative report dated 05/12/14. Diagnoses, as per progress report dated 03/02/15, included cervical/upper limb radiculitis, and bilateral wrist sprain. The patient is status post arthroplasty as well. The patient continues to work with restrictions, as per progress report dated 03/23/15. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, none of the progress reports discuss the request. There is no documentation of opioid use. The treating physician does not discuss the patient's opioid dependence risk either. Given the lack of relevant information, the request is not medically necessary.