

<b>Case Number:</b>	CM15-0164562		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 47 year old female who sustained an industrial injury to on 10-02-2014. There was no mechanism of injury documented. The injured worker was diagnosed with cervical disc displacement without myelopathy, cervical degenerative disc disease, post-concussion syndrome and lumbosacral disc displacement without myelopathy. The injured worker is status post bilateral cervical facet radiofrequency ablation on May 12, 2015. Treatment to date has included diagnostic testing, physical therapy, ice, transcutaneous electrical nerve stimulation (TEN's) unit, cervical diagnostic facet injections, cervical radiofrequency ablation and medications. According to the primary treating physician's progress report on July 29, 2015, the injured worker has returned to work with restrictions, feels fatigued but performing her job duties well. Right sided neck pain was improved with radiofrequency ablation with some pain remaining on the left side. Examination of the cervical spine demonstrated tenderness to palpation with guarding along the left cervical paraspinous muscles with muscle tension extending into the left upper trapezius. Sensation and motor strength of the bilateral upper extremities were intact with deep tendon reflexes documented as 1 plus at the biceps, triceps and brachioradialis. Current medications were listed as Norco 10mg-325mg, Gabapentin, Venlafaxine and capsaicin cream. The injured worker has returned to work with restrictions and limited hours. Treatment plan consists of continuing with the same work status, reducing reliance on medications and the current retrospective request (DOS: 06-17-2015) for a urine drug screening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Toxicology - urine drug screen performed on 06/17/15 quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Differentiation: Dependence & Addiction; Opioids, Steps to Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, toxicology-urine drug testing date of service June 17, 2015 #1 test is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are postconcussion syndrome; chronic pain NEC; degeneration cervical disc; cervical disc displacement without myelopathy; headache; and lumbar disc displacement without myelopathy. Date of injury is October 2, 2014. Request for authorization is October 11, 2015. According to the June 17, 2015 progress note, the injured worker has ongoing head and neck pain. The injured worker recently underwent radiofrequency ablation with significant benefit. The injured worker uses a TENS unit and takes Norco. Pain score is 8-9/10. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse and no risk assessment, toxicology -urine drug screen date of service June 17, 2015 #1 test is not medically necessary.