

<b>Case Number:</b>	CM15-0168800		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/09/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 48 year old female, who sustained an industrial injury on 04-09- 2011. The injured worker was diagnosed as having cervical radiculitis, reflex sympathetic dystrophy of the upper limb and long term use other medication. On medical records dated 03-23-2015 and 06-15-2015, the subjective findings noted ongoing neck pain. Objective findings were noted as radicular pain in the C5-C6 nerve root distribution. Spurling test was positive on the right and facet tenderness was present in the cervical spine. Neck range of motion was limited by pain. The injured worker underwent urine drug screen on noted on 03-23-2015 and 06-15-2015. Treatments to date included physical therapy, massage therapy, chiropractic therapy, acupuncture and medication. Current medication included Lyrica, Norco, Omeprazole, Zoloft, Gabapentin, Norco, Flexeril, Owens pain cream, Topamax and Fentanyl transdermal film. The Utilization Review (UR) dated 08-18-2015, was noted to have a Request for Authorization dated 08-05-2015. The UR submitted for this medical review indicated that the request for one future urine tox screen was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One future Urine Tox 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) Pain (chronic) Urine drug testing (UDT) 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a future urine toxicology screen is not medically necessary.