

<b>Case Number:</b>	CM15-0197251		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: 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:

The injured worker is a 57 year old female who sustained an industrial injury 07-16-10. A review of the medical records reveals the injured worker is undergoing treatment for status post lumbar fusion, cervical disc disease, chronic neck pain, and cervical radiculopathy. Medical records (06-08-15) reveal the injured worker complains of low back and neck pain, which is not rated. The physical exam (06-08-15) reveals restricted range of motion of the cervical spine,, trace reflexes in the upper extremities, and diminished sensation in the dorsal aspect of both forearms. Strength is 4/5 in the biceps and triceps. Deltoid strength is decreased, but is noted to be "due to pain." Prior treatment includes lumbar spine spinal fusion, and lumbar spine debridement for wound infections, and medications. The treating provider reports that his recommendation is for a cervical fusion. The original utilization review (09-09-15) non-certified the request for a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence that the patient is taking any controlled substances. The medical list includes the proton pump inhibitor (Nexium), an anti-gas medication (Gaviscon) and probiotics. Further, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that she is at high-risk for addiction. In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. This test is not considered as medically necessary.