

<b>Case Number:</b>	CM15-0205100		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

The injured worker is a 58 year old with a date of injury on 01-25-2007. The injured worker is undergoing treatment for cervical radiculitis, status post lumbar spine fusion, brachial neuritis, cervical myofascial pain. A physician progress note dated 09-29-2015 documents the injured worker complains of neck pain and headaches. She has complaints of pain between her shoulder blades. Oral medications allow for 50-60% improvement in function. There is tenderness to palpation to the cervical spine and right and left trapezius. She has decreased range of cervical motion. She rated her pain as 7 out of 10 with medications and 10 and greater without medications. A Urine drug screen was ordered, and under consideration are C2-C3 facet blocks. She is not working. In a physician note dated 08-04-2015, she rated her pain as 7 out of 10. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, status post lumbar spine fusion and physical therapy. Current medications include Norco, Opana ER, Soma, and Voltaren gel (She has been on these medications since at least 04-21-2015). The Request for Authorization dated 09-29-2015 includes Urine Toxicology Screen for 12 Units (1 Test). On 10-05-2015 Utilization Review non-certified the request for Outpatient Urine Toxicology Screen for 12 Units (1 Test).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Urine Toxicology Screen for 12 Units (1 Test): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Based on the above references and clinical history a urine toxicology screen is not medically necessary. 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 is 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 urine toxicology screen is not medically necessary.