

<b>Case Number:</b>	CM15-0025361		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 is a 71-year-old female, with a reported date of injury of 08/01/2000. The diagnoses include lumbar facet arthropathy, myalgia, cervical post-laminectomy syndrome, neck pain, myositis, brachial radiculitis, cervical radiculopathy, carpal tunnel syndrome, cervical spondylosis with myelopathy, chronic pain syndrome, and cervical intervertebral disc degeneration. Treatments have included oral pain medications and cervical facet injection. The medical report dated 01/29/2015 indicates that the injured worker complained of bilateral neck pain, with radiation to the bilateral upper arm, bilateral elbow, bilateral forearm, bilateral wrist, and bilateral hand. The injured worker rated her pain 10 out of 10 without medications and 8 out of 10 with medications. A physical examination of the cervical spine showed left arm pain to the elbow, good range of motion with positive facet loading signs, left arm pain with extension and lateral flexion, and facet joint tenderness at C3-4, C4-5, C5-6, and C6-7. The treating physician requested a drug screen. The rationale for the request was not indicated. On 01/30/2015, Utilization Review (UR) denied the retrospective request for drug screen, other than chromatographic (date of service: 12/08/2014). The UR physician noted that there was no documentation of provider concerns over the use of illicit drugs or non-compliance with prescription medications, and no documentation of any potential related actions. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Drug screen other than chromatographic (DOS 12/8/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective request for Drug screen other than chromatographic (DOS 12/8/14) is not medically necessary and appropriate.