

<b>Case Number:</b>	CM15-0218081		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, Texas  
 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 63 year old male who sustained an industrial injury on 11/26/2012. Medical records indicated the worker was treated for herniated nucleus pulposus C5-6 and C6-7 with myeloradiculopathy, status post ACDF (anterior cervical discectomy and fusion), memory issues, and vision issues. In the provider notes of 10-07-2015, the injured worker is seen for ongoing neck pain with right upper extremity tingling and burning that is worse at night. He also complains of spasms in his neck and low back. Gabapentin helps the burning and tingling pain. He also uses Ultram (since 03-23-2015) for the pain and finds it helpful. His pain is a 5-6 on a scale of 0-10 without medication and a 3-on a scale of 0-10 with meds. Medications also include Naproxen (since 03-23-2015), Cyclobenzaprine (since 03-23-2015), and pantoprazole (since 03-23-2015). He has gastrointestinal upset from his medications which pantoprazole helps. His examination includes normal reflexes, sensory and power testing (except for mild hyperreflexia) to bilateral upper and lower extremities. He has normal gait and minimal cervical tenderness with muscle spasms noted in the cervical paraspinals. Cervical spine range of motion decreased 25%. His treatment plan is for medication refills and a urine toxicology screen to comply with mandatory urine drug screens. His last urine drug screen on 07-06-2015 was consistent with his prescribed medications. Cyclobenzaprine was listed as inconsistent in July, but it was a prescribed medication. A request for authorization was submitted for Retrospective QW drug screen (10/7/15). A utilization review decision 10/15/2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective QW drug screen (10/7/15): 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned regarding drug misuse or abuse. The request for UDS is not medically necessary.