

<b>Case Number:</b>	CM15-0221630		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Texas, 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 49 year old female, who sustained an industrial injury on 3-28-2014. Medical records indicate the worker is undergoing treatment for cervical spondylolisthesis, right upper extremity double crush symptoms and right shoulder capsulitis. A recent progress report dated 8-19-2015, reported the injured worker complained of neck pain, right shoulder pain and stiffness and upper extremity weakness, rated overall 8 out of 10. Physical examination revealed right scalene and right pectoralis minor tenderness to light palpation. Treatment to date has included Botox injection with minimal relief, 24-32 sessions of physical therapy, steroid injection, gabapentin, ibuprofen and omeprazole. The physician is requesting urine drug screen x2. On 10-21-2015 the Utilization Review non-certified the requests for urine drug screen x 2. The patient had UDS on 4/15/14 that was negative for opioid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test, x2 units:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 12/02/15) Urine drug testing (UDT).

**Decision rationale:** Urine drug test, x2 units. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. The medication list do not include opioid. Evidence that the patient is taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Urine drug test, x2 units is not fully established in this patient.