

<b>Case Number:</b>	CM15-0045556		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66-year-old male, who sustained an industrial injury on August 3, 2005. The injured worker was diagnosed as having sprain/strain of the cervical spine superimposed upon disc protrusion at C3-C4, C4-C5, C5-C6, and C6-C7 per MRI scan of June 1, 2006. Treatment to date has included cervical spine MRI and medication. Currently, the injured worker complains of neck pain with radiating pain down the left shoulder. The Primary Treating Physician's report dated February 3, 2015, noted the injured worker utilizing Vicodin as needed for pain, using medication for flare-ups only, and using Soma for episodes of acute spasm. The injured worker was noted to have overall functional improvement and improvement in pain with the current medication regimen. On the visual analog scale (VAS), the injured worker rates his pain at a 4/10 with the use of medication and a 9/10 without pain medication. Tenderness was noted over the right cervical paraspinals with spasm noted in the right trapezius. The Physician requested authorization for a urine drug screen (UDS) to be performed at the next visit for medication compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing and opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction and Opioid contracts and Opioids, steps to avoid misuse/addiction Page(s): 77-80, 94; 89; 94. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens and 9792.20. Medical Treatment Utilization Schedule Definitions (f) functional improvement.

**Decision rationale:** 1 Urine drug screen is not medically necessary per the MTUS Guidelines. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS according to functional improvement as defined by the MTUS therefore the request for urine drug screen is not medically necessary.