

<b>Case Number:</b>	CM14-0117016		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old female who had a work injury dated 11/11/09. The diagnoses include lumbar spinal stenosis and disc herniations; lumbar radiculopathy status post left carpal tunnel release on 09/04/2011; solid, status post anterior cervical decompression and fusion at C5 through C7 levels on 05/15/2011; hearing loss and tinnitus secondary to industrial injury; possible solid fusion at C5 through C7 levels. Under consideration is the request for final confirmation of urine drug test results. There is a 5/12/14 progress note which states that the patient complains of constant neck pain, rated 7/10, with radiation to the bilateral upper extremities, right worse than left, and with associated spasms. She also reports of an electric-like sensation down to her palms. In addition, she complains of constant low back pain rated 8/10, with radiation to the right lower extremity, and with associated weakness and spasms. Furthermore, she reports of constant right wrist/hand pain, rated 8/10, with associated numbness and tingling sensation, as well as weakness. She complains of constant left wrist/hand pain, rated 7/10, with associated numbness and tingling sensation, as well as weakness. She notes that her neck, low back and bilateral wrist hand pain feels the same since her last visit. Her current medications include Soma, Naproxen, and topical creams. Examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles. She continues to have positive Spurling's maneuver on the right side. Motor strength testing reveals weakness in the wrist extensors and biceps. The treatment plan included topical medications, urine screen with results sent out for confirmation and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Final confirmation of urine drug test results:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids and Drug testing Page(s): 43, 76-77.

**Decision rationale:** Final confirmation of urine drug test results is not medically necessary per the MTUS Guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The progress note requesting a final confirmation of urine drug testing stated that the patient's current medications include Soma, Naproxen, and topical creams. The guidelines recommend urine drug testing when the patient is on opioids. The documentation does not indicate aberrant behavior and it is not clear why this confirmation of urine drug testing is necessary. The request for final confirmation of urine drug testing is not medically necessary.