

<b>Case Number:</b>	CM14-0123715		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/01/2000
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old female with a 7/1/00 date of injury, and status post C6-T1 fusion 09 and status post anterior discectomy and fusion C3-4 8/13. At the time (7/23/14) of request for authorization for outpatient urine toxicology screening test, there is documentation of subjective (cervical spine pain rated 8/10) and objective (distress, tenderness and trigger points to palpation of the bilateral trapezius muscles and the lower cervical paraspinal musculature, decreased range of motion, decreased sensation along the C6 and C7 dermatomes bilaterally, 3/5 muscle strength right and left C5) findings, current diagnoses (cervical radiculopathy, cervical facet arthropathy, status post C7 fusion, and status post T12 laminectomy), and treatment to date (medications (including ongoing use of Percocet)). 5/15/14 medical report identifies a confirmation of compliance of Percocet via blood screening laboratory work-up. There is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Urine toxicology screening test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen; Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical facet arthropathy, status post C7 fusion, and status post T12 laminectomy. In addition, there is documentation of ongoing opioid treatment. Furthermore, medical records identify a confirmation of compliance of Percocet via blood screening laboratory work-up. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for outpatient urine toxicology screening test is not medically necessary.