

<b>Case Number:</b>	CM14-0124113		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/11/1997
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation 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 49-year-old male with a 6/11/97 date of injury. At the time (7/30/14) of request for authorization for retrospective DOS: 7/2/14 Urine Drug Screening, there is documentation of subjective (neck and low back pain) and objective (reduced range of motion of the cervical and lumbosacral spine in all planes, tender and painful bilateral cervical and lumbosacral paraspinal muscles, spasms, reduced sensation and strength in the bilateral C7, C8, T1, L4, L5, and S1 spinal nerve roots, and absent bilateral deep tendon reflexes) findings, current diagnoses (cervical spine disc syndrome with strain/sprain disorder, bilateral polyradiculopathy, status post laminectomy fusion operative procedure, post laminectomy fusion syndrome, and clinical presentation of central cord syndrome/quadruparesis; lumbosacral spinal disc syndrome with sprain/strain, bilateral polyradiculopathy, status post laminectomy fusion operative procedure, post laminectomy fusion syndrome, and cauda equine syndrome, arachnoiditis, phlebitis, and paraparesis), and treatment to date (medications (including Percocet and Oxycontin)). Medical records identifies a 12/17/13 UDS. 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:

**Retrospective DOS: 7/2/14 Urine Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, differentiation; dependence & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The 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 spine disc syndrome with strain/sprain disorder, bilateral polyradiculopathy, status post laminectomy fusion operative procedure, post laminectomy fusion syndrome, and clinical presentation of central cord syndrome/quadriparesis; lumbosacral spinal disc syndrome with sprain/strain, bilateral polyradiculopathy, status post laminectomy fusion operative procedure, post laminectomy fusion syndrome, and cauda equine syndrome, arachnoiditis, phlebitis, and paraparesis. In addition, there is documentation that the patient is under ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, the retrospective DOS: 7/2/14 Urine Drug Screening is not medically necessary.