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| <b>Case Number:</b>   | CM14-0095028 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 04/15/2002 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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:

The patient is a 61-year-old female who has submitted a claim for torticollis/dystonia of the left upper extremity, and probable reflex sympathetic dystrophy of the left arm associated with an industrial injury date of April 15, 2002. Medical records from 2014 were reviewed. The patient complained of headaches and right more than left shoulder pain. There was dizziness with vertigo and nausea. She has decreased visual focusing and blurred vision. Physical examination showed involuntary movements, tonic and clonic, rotation and tilting of her head to the left side with left shoulder, arm and neck elevation, proximal more than distal. There was severe craniocervical spasms, with occipital more than cervical spine tenderness. Patches of hypoesthesia, dysesthesia at the left arm with allodynia and hyperpathia were noted. The left arm appeared colder than the right. MRI of the cervical spine, dated January 22, 2014, revealed status post fusion at the C3, C4, C5 and C6 levels, degenerative disease in C6-C7 and C7-T1 levels, and a posterior neurostimulator device adjacent to the thecal sac in the cervical region. CT scan of the brain was unremarkable. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, home exercise program, activity modification, Botox injections, spinal cord stimulator, and cervical spine fusion. Utilization Review, dated May 27, 2014, denied the request for retrospective urine drug screen (DOS 5/2/14) because there was no documentation of any interventional actions taken or documentation of a current medical narrative report with current provider concerns over patient use of illicit drugs or non-compliance with prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for urine drug screen (DOS 5/2/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Also, stated in CA MTUS ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, rationale for the request was not provided. Moreover, submitted medical records did not document any use of opioids or non-compliance from prescribed medications. Furthermore, there was no discussion regarding physician concerns over addiction or aberrant drug intake to warrant additional urine drug screening. Therefore, the Retrospective request for urine drug screen (DOS 5/2/2014) was not medically necessary.