

<b>Case Number:</b>	CM14-0188010		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/18/2006
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 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:

This 48 year-old truck driver sustained an injury on 11/18/05 from moving file cabinets while employed by [REDACTED]. Request(s) under consideration include 1 Urinalysis (Retrospective DOS 10/16/14). Diagnoses include Cervicalgia and C6-7 degenerative spondylosis; s/p C4-6 fusion 2013; lumbosacral neuritis/radiculitis s/p L5-S1 disc replacement 2012; and insomnia. The patient continues to treat for chronic neck, shoulder, and back pain with associated numbness and tingling in the arms/hands. Medications include Norco and Ambien. Report of 10/15/14 from the provider noted pain rated at 6/10 with exam showing unchanged findings of diminished cervical range; DTRs 1+ symmetrical; neck anterior scar; tenderness at paraspinals and shoulder blades. Urine drug screen (UDS) was done. The request(s) for 1 Urinalysis (Retrospective DOS 10/16/14) was non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urinalysis (retrospective urine drug screen (UDS) DOS 10/16/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** This 48 year-old truck driver sustained an injury on 11/18/05 from moving file cabinets while employed by [REDACTED]. Request(s) under consideration include 1 Urinalysis (Retrospective DOS 10/16/14). Diagnoses include Cervicalgia and C6-7 degenerative spondylosis; s/p C4-6 fusion 2013; lumbosacral neuritis/radiculitis s/p L5-S1 disc replacement 2012; and insomnia. The patient continues to treat for chronic neck, shoulder, and back pain with associated numbness and tingling in the arms/hands. Medications include Norco and Ambien. Report of 10/15/14 from the provider noted pain rated at 6/10 with exam showing unchanged findings of diminished cervical range; DTRs 1+ symmetrical; neck anterior scar; tenderness at paraspinals and shoulder blades. UDS was done. The request(s) for 1 Urinalysis (Retrospective DOS 10/16/14) was non-certified on 11/6/14. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2005 injury. The patient has been P&S and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 Urinalysis (Retrospective DOS 10/16/14) was not medically necessary and appropriate.