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| <b>Case Number:</b>   | CM14-0211763 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 01/08/2014 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 injured worker is a 66-year-old individual with an original date of injury of January 8, 2014. The industrial diagnoses include cervical and lumbar strain, left sciatica, cervical disc protrusions, headaches, lumbar disc degeneration, and lumbar frontal stenosis at the L5-S1 level. The conservative treatments plus far include modified duty, nonsteroidal anti-inflammatory drugs, topical pain medications, and neurology consultation. When the injured worker had neurology consultation on June 9, 2014, the assessment was posttraumatic head syndrome following blunt head trauma and there was a request for MRI of the brain and electronystagmogram. The disputed issue is a request for your toxicology screening. There is documentation of a urine toxicology tests performed on October 7, 2014. The outcome of this test was negative for all comprehensive drugs assessed in this panel. There is no commentary on whether this is a concordant or discordant result.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on in October 2014. There is documentation of a urine toxicology tests performed on October 7, 2014. The outcome of this test was negative for all comprehensive drugs assessed in this panel. There is no documentation of risk factor assessment and there is no progress note around the time of the urine test that specifies the controlled substances this patient is on. Given this lack of documentation, the currently requested urine toxicology test is not medically necessary.