

<b>Case Number:</b>	CM15-0000325		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/01/2002
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 57 year old female, who sustained an industrial injury on September 1, 2002. She has reported pain of the neck, upper, and lower back with weakness of the bilateral arms and hands. The diagnoses have included cervicalgia, cervical postlaminectomy syndrome, and muscle spasms. Treatment to date has included diagnostic studies, physical therapy, home exercise program, cervical collar, injection therapy, facet blocks, facet rhizotomies, anti-epilepsy, muscle relaxant, antidepressant, non-steroidal anti-inflammatory, and pain medication; a posterior spinal fusion with internal fixation and instrumentation from C4 to C7 in 2004, and epidural steroid injection. Currently, the injured worker complains of continued, moderate neck pain with radiation to bilateral shoulder regions. The pain was constant, achy, and burning. On December 15, 2014 Utilization Review modified a request for Toxicology-Urine Drug Screen, noting the recent adjustment of the injured worker's medications and the physical exam findings. The California Medical Treatment Utilization Schedule (MTUS) guidelines for Opioids, steps to avoid misuse/addiction and Drug testing; and the Official Disability Guidelines (ODG) , Pain Chapter regarding urine drug testing were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was suffering from cervicgia post-cervical laminectomy and muscle spasm. These records did not indicate the worker was taking any restricted medications or that this type of treatment was being considered. In the absence of such evidence, the current request for a toxicology urinary drug screen is not medically necessary.