

<b>Case Number:</b>	CM15-0103743		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 46-year-old female who sustained an industrial injury on 10/07/2003. Diagnoses include cervical discopathy with disc displacement, cervical radiculopathy and right shoulder impingement syndrome. Treatment to date has included oral and topical medications and home exercise. According to the progress notes dated 3/11/15 the IW reported cervical spine pain radiating down to the right arm with numbness and tingling. She also reported right shoulder pain radiating to the right shoulder blade, aggravated by pushing, pulling or overhead movements. She reported medications and compound creams are helpful in alleviating some of the pain. On examination, tenderness was present over the cervical paraspinal musculature and range of motion was decreased due to pain and stiffness. Spurling's sign was positive on the right. The right shoulder was tender to palpation over the acromioclavicular joint and Neer's, Hawkins' and O'Brien's tests were positive. Motor testing was normal in the bilateral upper extremities. Sensation was diminished to light touch and pinprick in the right C6 dermatomal distribution. A request was made for urine toxicology testing with confirmatory testing to monitor adherence to the prescription drug treatment regimen and for diagnosis of aberrant drug-related behavior and Nalfon 400mg, #90 for pain/inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology testing with confirmatory testing:** Upheld

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

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

**Decision rationale:** CA MTUS states that drug testing is an option, recommended to assess for the use or the presence of illegal drugs. In patients using opioids with issues of abuse, addiction or poor pain control, guidelines provide for UDS to monitor the patient. In this patient, none of the criteria for UDS are met. There is no evidence of aberrant behavior, misuse/abuse, or suspicion of illicit drug use. UDS solely for purposes of compliance is not supported by MTUS guidelines. The request is not medically necessary.

**Nalfon 400mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. NSAIDs provide no long-term effectiveness for pain relief or function. In this case, there is no detailed assessment provided for pain relief. The claimant has been on NSAIDs chronically. There is no rationale provided for continued use of the NSAIDs. Since NSAIDs are not recommended for long-term use, this request is not medically necessary.