

<b>Case Number:</b>	CM15-0017364		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73 year old female who sustained an industrial injury on 8/1/00. She currently complains of moderate neck pain with radiation to bilateral arms, wrist and hands. The pain without medication is rated 10/10 and with medication is 8/10. Pertinent medications are Nuvigil, Protonix, oxycodone-acetaminophen, oxycodone, Aleve and Laxapro. Diagnoses include arthropathy of the lumbar facet; degenerative thoracic disc disease; myalgia; cervical post-laminectomy syndrome; neck pain; cervical, brachial and thoracic radiculitis; cervical spinal stenosis and carpal tunnel syndrome. Progress note dated 12/3/14 indicates the results of a urine drug screen which are consistent with prescribed medication. In the progress notes from 12/3/14, 1/2/15 there is no indication of aberrant or drug seeking behavior or that the injured worker is out of compliance with drug protocol. On 1/20/15 Utilization Review non-certified the retrospective (Date of Service 12/3/14) request for urine drug screen citing MTUS: Drug Testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (retro dos 12/03/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; 2010 Revision, Web Edition Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The patient presents with neck and arm pain. The current request is for Urine Drug Screen (retro DOS 12/03/14). The treating physician documented that the patient is on a medication regimen as of December 2014 that includes OxyContin, which is an opioid. The MTUS guidelines state that for opioid usage, "Urine drug screens may be required." The ODG guidelines state, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the treating physician has documented in the 9/23/14 report that the patient was not on any opioids and stated, "She is no longer on controlled substances and she does not require any random testing." (60B) The treating physician then started the patient on OxyContin and in December 2014 did a random urine drug screen to make sure the patient was compliant with the medication. The current request is medically necessary and the recommendation is for authorization.