

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0117960 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 06/08/2011 |
| <b>Decision Date:</b> | 07/27/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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

Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 6/08/2011. She reported falling down stairs. The injured worker was diagnosed as having cervicgia, lumbar spine sprain/strain, bilateral wrist and knee contusions, depression due to chronic pain, and multiple failed oral medication trials due to allergies, sensitivities, and medication tolerance. Treatment to date has included diagnostics, lumbar spinal surgeries in 2010, physical therapy, epidural steroid injections, acupuncture, and medications. Urine toxicology (1/27/2015) was documented as consistent with prescribed medications, detecting acetaminophen. Currently, the injured worker reported 80% improvement following bilateral L5-S1 transforaminal epidural steroid injection on 3/24/2015. She reported pain over the cervical spine, with radiation into the upper extremities, with numbness and tingling. Pain was rated 5/10. Current medications included Advil, Tylenol, Benadryl, and Zyrtec as needed. The treatment plan included trial Dendracin lotion and urine toxicology. She was able to continue working with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The requested UDS is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain over the cervical spine, with radiation into the upper extremities, with numbness and tingling. Pain was rated 5/10. Current medications included Advil, Tylenol, Benadryl, and Zyrtec as needed. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There was also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, UDS is not medically necessary.