

<b>Case Number:</b>	CM15-0173990		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 29-year-old male who sustained an industrial injury on August 13, 2014. Diagnoses have included cervical sprain, blunt head trauma, rule out cervical disc herniation, and left upper extremity radicular pain. Documented treatment includes medications including Gabapentin and Motrin, stated to be helpful as well as rest. The injured worker continues to complain of neck pain with a rating of 7-8 out of 10, which radiates down his left arm and up into his head causing intermittent headaches. Physician states he has "loss of range of motion and muscular hypertonicity and tenderness as well as active trigger point of the bilateral cervical paraspinal muscles and right upper trapezius muscles." August 5, 2015, the injured worker reported difficulty with some activities of daily living involving climbing, standing, and walking. He has not worked since August 13, 2015. The treating physician's plan of care includes a urine toxicology screen stated in the July 28, 2015 report as being "utilized as a reference for future medication management protocols." This was denied August 14, 2015.

### 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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: updated 7/15/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The patient is a 29-year-old male with an injury on 08/13/2014. A steel door slipped off its hinge and fell on him. He sustained blunt head trauma and injuries to his neck, left shoulder and upper back. X-rays were negative. There was no loss of consciousness. On 01/29/2015, he had been treated with Gabapentin and ibuprofen. A urine drug test was ordered at the time and was negative. Kera-tek gel was added/prescribed and the other medications were continued. On 01/31/2015, a cervical MRI revealed no central canal stenosis and no foraminal stenosis. On 02/10/2015, Flexeril was added and he was sent for physical therapy. The only pain medication he was taking was over the counter NSAIDS PRN. On 06/09/2015, an EMG/NCS revealed right carpal tunnel syndrome and left C6 denervation. The urine drug test on 01/29/2015 was not medically necessary. The only pain medication used to treat this patient at that time and since was over the counter NSAIDS. There was no history of drug abuse and no opiates or other controlled substances were prescribed. Baseline urine drug tests for patients with no history of drug abuse and who were not treated with controlled substances is not consistent with ODG guidelines for urine drug tests. As noted in MTUS, Chronic Pain, and NSAIDS - baseline urine drug testing is not mentioned as standard of care for patients treated with NSAIDS. This request is not medically necessary.