

<b>Case Number:</b>	CM15-0175080		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Florida

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 is a 57 year old female, who sustained an industrial injury on 11-15-2004. She has reported subsequent neck pain radiating to the upper extremities and was diagnosed with cervical disc disorder, cervical spondylosis, bilateral carpal tunnel syndrome, lumbar, thoracic and bilateral upper extremity repetitive strain, cervical radiculopathy and muscle spasm. Treatment to date has included oral pain medication including oral opioid and muscle relaxant medication, cervical epidural steroid injections and transcutaneous electrical nerve stimulator (TENS) unit. Oral pain medication and TENS unit were noted to provide effective pain relief. Oral pain medication was noted to enable the injured worker to complete activities of daily living with less pain including walking, light cleaning and grooming, laundry meal preparation, writing and grocery shopping for a longer duration of time. Documentation shows that a urine drug screen was performed on 07-01-2015. Results were included for review but there was no physician interpretation of the results included. In a progress note dated 07-29-2015, the injured worker reported neck pain radiating to the arms that was rated as 6 to 10 with medications and 8 out of 10 without medications with no changes to pain. Objective examination findings showed straightening of the cervical spine, restricted range of motion due to pain, spasms, tenderness and tight muscle band of the cervical paravertebral muscles and spinous process tenderness, tenderness of the thoracic paravertebral muscles and spinous processes, motor testing limited by pain and decreased sensation to light touch over the middle finger on the left side and thumb, index finger, middle finger on both sides and patchy in distribution. The physician noted that the injured worker was taking medications as prescribed, that they were working well and that no

side effects were reported. Work status was documented as permanent and stationary and the injured worker was noted to be off work. A request for authorization of retrospective urine dip stick test (date of service: 07-29-2015) was submitted. At utilization review (08-07-2015), the request for retrospective urine dip stick test (date of service: 07-29-2015) was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Urine dip-stick test (DOS: 7/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Urine Drug Testing; Criteria for the use of Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. In this patient's case, there is no documentation that aberrant behavior is suspected. A recent drug screen was already ordered. Therefore, this request for repeat drug testing is not considered medically necessary.