

<b>Case Number:</b>	CM15-0061349		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: 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 44-year-old female who reported an injury on 02/14/2012. The mechanism of injury was cumulative trauma. The injured worker's history included an anterior cervical discectomy and fusion C4-6. The documentation of 02/17/2015 revealed the injured worker had complaints of pain in the neck and stated it was stopping her from performing repetitive activities. The injured worker indicated she had been utilizing Norco for pain relief. Sensation was intact grossly to light touch throughout the upper extremities. The diagnosis included status post anterior cervical discectomy and fusion with instrumentation at C4-6. The pain medications that were prescribed included Norco 10/325 mg #90 one by mouth 3 times a day and Anaprox 550 mg one by mouth twice a day with food.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LC/MS/MS x 1 quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. The rationale for the requested testing was not provided. The request as submitted failed to indicate the duration for the request. Given the above, the request for LC/MS/MS x1 quarterly is not medically necessary.

**Opiates testing x 1 quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. The rationale for the requested testing was not provided. The request as submitted failed to indicate the duration for the request. Given the above, the request for opiates testing x1 quarterly is not medically necessary.

**Urinalysis x 1 quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. The rationale for the requested testing was not provided. The request as submitted failed to indicate the duration for the request. Given the above, the request for urinalysis x1 quarterly is not medically necessary.

**Creatinine x 1 quarterly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory+tests](https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory+tests).

**Decision rationale:** Per [nlm.nih.gov](https://nlm.nih.gov), "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review failed to provide the rationale for the requested creatinine testing. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the duration for the request for creatinine testing. Given the above, the request for creatinine x1 quarterly is not medically necessary.