

<b>Case Number:</b>	CM15-0068750		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 49 year old female with an industrial injury dated October 16, 2012. The injured worker diagnoses include post laminectomy syndrome of the cervical region. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/23/2015, her treating physician noted improving neck and left shoulder pain. The treating physician also noted a weak right arm, increased pain times two weeks, and a 7/10 pain level. The treatment plan was for a medication refill. 2 recent urine drug screens dated 10/6/14 and 12/8/14 was noted to be appropriate. Patient is noted to be low risk. The treating physician prescribed one active-medicated specimen collection/urine toxicology (UTOX) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One active-medicated specimen collection/urine toxicology (UTOX): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS from 10/6/14 and 12/8/14 was noted to be appropriate. There is no indication for another urine drug screen in a low risk patient. Urine toxicology is not medically necessary.