

<b>Case Number:</b>	CM15-0078433		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/22/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 55 year old male, who sustained an industrial injury, March 2, 2009. The injured worker previously received the following treatments random toxicology laboratory studies, Naproxen, Wellbutrin, Prilosec, Orphenadrine, Norco, cervical spine MRI, left shoulder surgery and carpal tunnel syndrome. The injured worker was diagnosed with causalgia of the upper limb, disorders of cervical tendon in shoulder region, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, myalgia and myositis. According to progress note of December 12, 2014, the injured workers chief complaint was cervical spine pain with radiation down both arms. The injured worker described the pain as aching, throbbing, primarily in the left shoulder. The physical exam noted cervical spine with decreased range of motion, with positive axial compression primarily in the right upper extremity. The injured worker was unable to make a forceful fist. The treatment plan included urine toxicology laboratory study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** 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 Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen is not medically necessary.