

<b>Case Number:</b>	CM13-0037657		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42-year-old female who sustained a work-related injury on 03/12/2013. The patient's diagnoses include intervertebral disc disorder with myelopathy of the cervical and lumbar region, thoracic sprain, bilateral shoulder sprain, numbness, wrist sprain, insomnia, and headache. Subjectively, the patient reported complaints of pain to multiple areas of the body, which she rated 8/10 to 9/10. Objective findings revealed stiffness and tenderness of the neck, as well as tenderness of the spine and shoulders, and decreased sensation. On 05/29/2013, the patient's medications were changed, and the patient was placed on Tylenol No. 3 with codeine 300/30 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Chromatography quantitative screen for date of service 6/20/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical information submitted for review lacks objective documentation that the patient is in a "high-risk" category, or that the patient has had poor pain control with the medication. Given the above, the request is not supported. As such, the retrospective request for chromatography quantitative screen for date of service 06/20/2013 is non-certified.