

<b>Case Number:</b>	CM14-0064495		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/14/1977
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 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/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 63 year old male who reported an injury to his neck and low back. The MRI of the cervical spine dated 08/30/13 revealed multilevel canal narrowing most significantly at C3-4, C4-5, and C5-6. Moderate neural foraminal narrowing was identified bilaterally at C4-5. The AME dated 05/01/13 the patient clinical note dated 05/01/13 indicated the patient had no inciting injury. However, the patient stated there was a cumulative injuries to his neck, back, buttocks, and both knees. The patient worked as a police officer for more than two decades. The utilization review dated 05/05/14 resulted in denial for toxicology screen as no information was submitted regarding continual utilization of opioids. The urine drug screen on 03/12/14 revealed essentially normal findings and no positive results were identified. The clinical note dated 05/14/14 indicated the patient continuing with pain and complaints of pain at several sites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Screening:** 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 Drug Testing Page(s): 23.

**Decision rationale:** The request for toxicology screening is non-certified. The patient complained of pain at several sites. A toxicology screening would be indicated provided that the patient meets specific criteria, including demonstration of aberrant behaviors, inconsistent findings identified on previous toxicology screens, or patient is continuing utilizing opioid for to address ongoing pain complaints. No information was submitted regarding aberrant behaviors, inconsistent findings identified on previous toxicology screens, or ongoing use of opioid therapy. Given this, the request is not indicated as medically necessary.