

<b>Case Number:</b>	CM15-0130445		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Pennsylvania, Ohio, 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:

This 63 year old woman sustained an industrial injury on 10/1/2007. The mechanism of injury is not detailed. Diagnoses include neck sprain/strain, failed cervical spine surgery syndrome, myofascial pain syndrome, and failed lumbar spine surgery syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 6/24/2015 show complaints of cervical spine pain with radiation to the bilateral upper extremities and lumbar spine pain with radiation to the bilateral lower extremities rated 6/10. Recommendations include Norco, urine drug screen, Tizanidine, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tox screen x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** MTUS recommends urine drug testing as an option to screen for aberrant behavior. This patient underwent such testing less than 6 months prior to the current request. No discussion of increased risk of aberrant behavior is documented in the records. The necessity for testing of this frequency is not established. This request is not medically necessary.

**Norco 10/325mg #120 x0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

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

**Decision rationale:** MTUS discusses in detail the 4As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.