

<b>Case Number:</b>	CM14-0139697		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/03/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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:

Medical records reflect the claimant is a 37 year old female who sustain a work injury on 12-3-06. The claimant has a diagnosis of lumbosacral neruirtis, lumbar disc displacement, myalgia/myositis, and spondylolisthesis. Office visit on 7-7-14 notes the claimant has low back pain as well as rotator cuff syndrome. The claimant is continued on Naproxen for pain. The claimant was discontinued Tramadol and Tizanidine for back and neck spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen, (x) times three (3) (future dates not listed) for chronic low back pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing use Page(s): 74-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment is indicated in individuals with issues of abuse, addiction, or poor pain control. This claimant is no Naproxen and Tizanidine. There is no indication that this

claimant has misuse or abuse or that she is on medications that require monitoring. Therefore, the medical necessity of this request is not established.