

<b>Case Number:</b>	CM14-0140259		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on August 17, 2012. The most recent progress note, dated August 13, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated stiffness and tightness of the cervical paravertebral muscles and trapezius. There was full cervical spine range of motion and a normal upper extremity neurological examination. Examination of the lumbar spine also noted stiffness and tightness with decreased range of motion. There was decreased sensation in the left leg below the knee. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and oral medications. A request had been made for a urine toxicology screening and was not certified in the pre-authorization process on August 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

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

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

**Decision rationale:** According to the most recent progress note dated August 13, 2014, the only medications that the injured is currently prescribed is naproxen. No opioids are currently prescribed at this time. Additionally there is no documentation of high risk behavior, previous abuse, or misuse of medications. As such, this request for urine drug screens not medically necessary.