

Case Number:	CM13-0001499		
Date Assigned:	12/11/2013	Date of Injury:	11/30/1977
Decision Date:	02/06/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

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 Illinois 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 60-year-old female without a reported work related injury on 11/30/1977 and a specific mechanism of injury is not stated. Clinical note dated 05/30/2013 reports the patient was under the care of [REDACTED] for pain management re-evaluation. The provider documents the patient was seen status post a radiofrequency neurotomy for the left lower lumbar spine as of 04/2013, the patient reports excellent results. The provider documents the patient presents for treatment of the following diagnoses, lumbar disc disease, headache, thoracic or lumbosacral neuritis or radiculitis, facet syndrome, cervicgia, and brachial neuritis or radiculitis. The provider recommended authorization for routine drug screening as part of a pain management agreement and office policy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for one (1) urine drug screen between 5/30/2013 and 9/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Opioids, steps to avoid misuse/addiction),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient previously underwent a prior drug screen on 05/13/2013; however, the results were not submitted for review. The clinical notes document the patient's current medication regimen includes Armour thyroid and fluoxetine. The clinical notes failed to document the patient's current medication regimen, evidence of any aberrant behaviors, or the specific rationale for regular urine drug screening of this patient some 36 years status post a work related injury. California MTUS indicates, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Considering the clinical notes do not specify whether the patient is at low risk, medium risk, or high risk with utilization of any opioid therapy, the request for one (1) urine drug screen between 05/30/2013 and 09/01/2013 is not medically necessary nor appropriate.