

Case Number:	CM13-0011536		
Date Assigned:	09/20/2013	Date of Injury:	08/08/2002
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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 has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, 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.

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 58-year-old female who reported an injury on 08/08/2002. The patient's medications included gabapentin, hydrocodone, and tramadol. The patient has a history of prior urine drug screens including 7 in 2003. The patient is status post cervical and lumbar spine fusions. The treatment plan includes ongoing medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) urine drug screen between 7/17/2013 and 7/17/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

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

Decision rationale: CA MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs; before a trial of opioids or for on-going management of opioids. The documentation submitted for review does indicate that the patient was being managed with ongoing opioids including hydrocodone and tramadol. However, the documentation submitted for review fails to indicate that the patient had history of inconsistent urine drug screens to support the frequency of testing. The patient has

been undergoing almost monthly urine drug screens in 2013 up until the urine drug screen in question on 07/17/2013. Given the lack of inconsistent findings, the frequency of the urine drug screen would not be supported. As such, the request is non-certified at this time.