MAXIMUS Federal Services

Case Number:	CM13-0013605		
Date Assigned:	03/26/2014	Date of Injury:	07/04/1994
Decision Date:	04/30/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

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 California. 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 patient is a 46-year-old male who reported an injury on 07/04/1994. The mechanism of injury was not provided for review. The patient's medications on the date of service of 06/19/2013 were noted to be Norco 10/325 mg, Soma 250 mg, Ultram extended release 300 mg Celexa 20 mg and Lorazepam as needed. It was also noted that the patient uses a TENS unit for pain control. The patient's most recent clinical evaluation documented that the patient had continued pain complaints rated at 7/10 that reduced to 0/10 with medications. Physical findings included tenderness of the occipital bridge and tenderness to palpation of the C8-T1 paravertebral musculature. The patient's diagnoses included sciatica, cervical pain, and degenerative disc disease of the cervical spine. The patient's treatment plan included a urine drug screen and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR URINE DRUG SCREEN (UDS) DOS: 6/19/13: Upheld

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

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

Decision rationale: The retrospective review for urine drug screen for date of service 06/19/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screening to monitor patients for aberrant or non-adherent behavior or for patients who exhibit signs and symptoms of illicit drug use. The clinical documentation submitted for review does indicate that the patient is on medication that requires regular monitoring. However, the patient's clinical documentation submitted for 06/19/2013 fails to identify when the last urine drug screen was provided. The results of that drug screen were also not provided. Therefore, the appropriateness of an additional urine drug screen on 06/19/2013 cannot be determined. Additionally, the clinical documentation did not provide any evidence of drug seeking or signs and symptoms of overuse or withdrawal to support the need for a urine drug screen. As such, the retrospective review for the urine drug screen on date of service 06/19/2013 is not medically necessary or appropriate.