

Case Number:	CM13-0014058		
Date Assigned:	12/11/2013	Date of Injury:	10/23/2007
Decision Date:	01/30/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	08/20/2013

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 internal medicine, has a subspecialty in cardiology, 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 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 was a 62-year-old with a history of headaches, dizziness, low back pain, bilateral numbness (non-specified), pain in upper extremities, shortness of breath with exertion, fatigue, depression, numbness in feet, memory issues, enlarged prostate, valley fever and total body pain. The patient was treated for multiple conditions. The patient had a previous toxicology test performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT) Section

Decision rationale: The Physician Reviewer's decision rationale: The request for random urine drug screen is non-certified. The patient has a history of valley fever with chronic, total body pain. The patient was being treated with medications. However, no current list of medications was submitted for review. Guidelines recommend the frequency of urine drug testing should be based on documented evidence of risk stratification. The patient had a urine toxicology review 06/27/2013. The interpretation of said toxicology report was not submitted for review. The

Chronic Pain Medical Treatment Guidelines recommend testing if aberrant behavior or misuse is suspected and/or detected. The patient has no documented aberrant behavior nor was there misuse suspected in the records submitted for review. The Official Disability Guidelines recommend ongoing monitoring if a patient has evidence of a "high risk" of addiction and if dose increases are not decreasing pain and increasing function. The patient had no documented risk factors submitted for review nor was there a change in dosage resulting in functional change submitted for review. The request for one urine drug screen is not medically necessary or appropriate.