

Case Number:	CM13-0014592		
Date Assigned:	10/03/2013	Date of Injury:	04/09/1996
Decision Date:	01/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 & 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 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:

This patient is a 46-year-old female who reported an injury on 04/09/1996. The patient was diagnosed with unspecified urinary incontinence, chronic pain, reflex sympathetic dystrophy, obesity and fibromyalgia. The patient's most recent clinical evaluation revealed persistent low back pain radiating into the left lower extremity. Physical findings included an antalgic gait, decreased strength to the left lower extremity, hyperesthesia in the distal left lower extremity, allodynia in the distal left lower extremity and 2+ deep tendon reflexes throughout. Treatment recommendations included the continued use of medications and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The retrospective urine drug screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the

patient is taking medications that would require monitoring for aberrant behavior. The clinical documentation submitted for review does not provide evidence that the patient exhibits any drug-seeking or nonadherent behaviors. The documentation provided does include several prior urine drug screens that were all consistent with the patient's prescribed medication schedule. The California Medical Treatment Utilization Schedule recommends drug screening whenever there is suspicion of aberrant behavior or the usage of illicit street drugs. The clinical documentation submitted for review does not provide any evidence that the patient has previously used any illicit street drugs. The Official Disability Guidelines recommend that patients who are at low risk for aberrant behavior be monitored on a yearly basis with a urine drug screen. As it is noted within the documentation that the patient has already undergone urine drug screens within the past year, additional drug screening without evidence of aberrant behavior or suspicion of illicit street drug use would not be indicated. As such, the requested retrospective urine drug screen is not medically necessary or appropriate.