

Case Number:	CM13-0019625		
Date Assigned:	03/26/2014	Date of Injury:	02/16/2009
Decision Date:	04/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine and Pulmonary Diseases, 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 32-year-old male who reported an injury on 2/16/13. The mechanism of injury was not provided for review. The patient had chronic pain that was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient had a history of inconsistent urine drug screens. The patient's most recent clinical evaluation dated 8/15/13 documented that the patient had continued pain rated at 7/10. Physical findings included decreased range of motion of the lumbar spine secondary to pain with positive tenderness to palpation along the lumbar paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Screening: A valuable office procedure. Authors: John B. Standridge MD, Stephan Adams MD, and Alexander P. Zotos MD. American Family Physician. March 1, 2010. Vol 81, Number 5, Page 635; and the Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS recommends urine drug screens for patients who have symptoms that provide suspicion of illicit drug use or that require regular monitoring for aberrant behavior due to opioid therapy. The clinical documentation submitted for review indicates that the patient's opioids were discontinued due to a prior inconsistent urine drug screen. The patient's most recent clinical evaluation does not provide any evidence that the patient has been provided any additional opioid medications that would require further monitoring. Additionally, the clinical documentation does not provide any evidence that the patient has any symptoms of overuse or withdrawal to support the need for a urine drug screen. As such, the requested urine drug screen is not medically necessary or appropriate.