

Case Number:	CM13-0021936		
Date Assigned:	10/11/2013	Date of Injury:	02/09/2010
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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, 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 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:

The patient is a 48-year-old female who reported an injury on 02/09/2010 with a mechanism of injury being a slip and fall. The patient's medications were noted to include hydrocodone/acetaminophen 10/325 and cyclobenzaprine as well as Dendracin lotion. The patient's diagnoses were noted to include status post contusion to the left shoulder, left elbow, and left wrist/hand with sprain/strain, status post contusion to the left ankle/foot with probable sprain/strain, cervical spine musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, and sleep difficulty, stress, and gastrointestinal complaints. The request was made for a retrospective request for 1 urine drug screen between 7/21/12 and 7/21/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for clinical care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substance, page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management Page(s): 78.

Decision rationale: California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient had tenderness to the paraspinal muscles with spasms and a decreased range of motion along with a positive compression test of the cervical spine. The patient had tenderness in the lumbosacral spine with decreased range of motion. The patient's medications were noted to be Norco, Fexmed and Dendracin. However, the clinical documentation submitted for review failed to indicate that the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for retrospective request for 1 urine drug screen between 7/21/12 and 7/21/12 is not medically necessary.