

Case Number:	CM13-0022728		
Date Assigned:	11/13/2013	Date of Injury:	10/28/2009
Decision Date:	01/17/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Cardiology, has a subspecialty in Cardiovascular Disease 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. 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 34-year-old female who reported an injury on 10/28/2009. The patient is currently diagnosed with chronic jaw pain, TMJ syndrome, and cephalgia. The patient was recently seen by [REDACTED] on 07/16/2013. The patient complained of chronic, daily headaches. Physical examination revealed joint pain. Treatment recommendations included continuation of current medications, initiation of Sonata 5 mg.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 & 89. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state diagnostic testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented

evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate, or there are unexpected results. As per the clinical notes submitted, there is no indication that this patient falls under a high risk category that would require frequent monitoring. The patient's injury was 4 years ago to date, and there is no evidence of noncompliance or misuse of medications. The medical necessity for the requested service has not been established. The request for a urine drug test is not medically necessary and appropriate.