

Case Number:	CM13-0023884		
Date Assigned:	11/15/2013	Date of Injury:	01/18/2013
Decision Date:	04/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 59-year-old female who reported injury on 01/18/2013. The mechanism of injury was noted to be the patient tripped on an uneven surface. Documentation of 07/15/2013 revealed the patient was in the QME's office for an initial evaluation. Patient complained of pain in the neck, right shoulder, upper back, right forearm, low back and right hip and thigh. The patient's medications were noted to be lisinopril and naproxen. Patient's diagnoses were noted to include cervicalgia, pain in the right upper arm, lumbago and pain in the pelvis right thigh. The request was made for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINE TOXICOLOGY SCREEN DOS: 7/15/13:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-82..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that urine drug screens are appropriate for patients with documented issues of abuse, poor pain

control and addiction. Clinical documentation submitted for review indicated the patient was taking the medications of Naproxen and Lisinopril. There was a lack of documentation indicating the patient was taking opioid therapy. The patient had noted previously to be taking Ultracet. However, there was a lack of documentation indicating the patient had not given prior urine samples to monitor for aberrant drug behavior. The retrospective request for urine toxicology screen date of service 07/15/2013 is not medically necessary and appropriate.