

Case Number:	CM13-0024844		
Date Assigned:	11/20/2013	Date of Injury:	12/20/2007
Decision Date:	01/16/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/14/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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.

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 68 year old male who reported injury on 12/20/2007. The mechanism of injury was not provided. The patient was noted to have prior urine drug screens on 11/16/2012, 01/18/2013, 03/01/2013, 05/25/2013, and 06/07/2013. The patient's medications were not provided. The patient's diagnoses were noted to include lumbar discopathy L4-5 and L5-S1, healed foot fracture and sleep disturbance. The request was made for retrospective request for 1 urinalysis drug screening between 06/19/2013 and 06/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) urinalysis drug screening between 6/19/2013 and 6/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Substance abuse, toleran. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), Urine drug screening, pg. 32

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

Decision rationale: California MTUS Guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The patient's previous drug screening on 03/01/2013 revealed that none of the medications were prescribed. The report from 01/25/2013 revealed the same. The clinical documentation submitted for review failed to provide the patient had any of the above. The patient was noted to have low back pain and bilateral hip pain. The patient's pain was noted to be mild to moderate. The patient was noted to have tenderness to palpation over the paraspinal musculature and over the spinous process as well as tenderness to palpation over the gluteal musculature as well. The patient's medications were not provided. The clinical documentation submitted for review failed to provide the patient needed drug screening and that the patient had documented issues of abuse, addiction or poor pain control. Given the above, the request for retrospective request for one (1) urinalysis drug screening between 06/19/2013 and 06/19/2013 is not medically necessary.