

Case Number:	CM13-0027384		
Date Assigned:	01/10/2014	Date of Injury:	08/20/1996
Decision Date:	04/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 has submitted a claim for cervical and lumbar radiculopathy associated with an industrial injury date of August 20, 1996. A utilization review from September 11, 2013 denied the request for retrospective urinalysis and drug screening DOS 8/26/2013 due to low risk patient profile. Treatment to date has included acupuncture, Viscosupplementation, physical therapy, chiropractic sessions, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing the patient complaining of radiating neck pain to the upper extremities and lower extremity pain bilaterally. Pain with medications is noted to be at 7/10 and without medications it is at 9/10. The pain is exacerbated by activity such as walking. Physical exam demonstrated decreased range of motion for the lumbar spine due to pain. There was noted allodynia in the bilateral upper extremities and decreased sensation to touch. The lower extremities were noted to have tenderness over the left knee. Medications that were prescribed before the urine drug screen in August included migraine medication and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: 1 URINALYSIS DRUG SCREENING (DOS 8/26/2013):: 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.

Decision rationale: As stated on page 43 in the California MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the patient had been tested previously in February 2013 which was consistent with the prescribed medication being taken at that time. There has been no discussion concerning a high-risk profile for this patient to partake in aberrant behavior. Moreover, the patient was not taking any opioids during the August urine drug screen. Therefore, the request for 1 Urinalysis drug screening (DOS 8/26/2013) is not medically necessary.