

Case Number:	CM13-0029512		
Date Assigned:	04/25/2014	Date of Injury:	06/03/2002
Decision Date:	06/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 an 83-year-old female with date of injury 06/03/2002. There is no data as to mechanism of injury but reports of a continuous basis of trauma from 1/1/92 - 06/03/02 from her usual duties at her job. She carries diagnoses of cervical spine disc bulging, thoracic spine compression fracture, lumbar spine compression fracture, status post lumbar spine surgery, and status post right shoulder surgery. The notes reflect chronic neck, low back pain, and limb pain. She also carries a comorbid diagnosis of depression. From pharmacy receipts, it looks like the patient is currently using alprazolam and Tramadol. The current request is for a retrospective urine drug screen 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN, ADMINISTERED ON 08/05/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-78, Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioid Page(s): 43, 74-96.

Decision rationale: Per the MTUS guidelines, urine drug testing can be performed when there is suspicion of illegal drug use, misuse of prescription drugs, compliance issues, and when monitoring opioid therapy long-term is necessary. According to the notes presented for review, the patient is not using any short or long-term opioid therapy for pain control, and there is no concern for abuse or illicit drug use conflicting with her treatment. Therefore, the urine drug screen is not medically necessary.