

Case Number:	CM13-0032440		
Date Assigned:	12/11/2013	Date of Injury:	05/10/2012
Decision Date:	01/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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:

This patient is a 58-year-old female who reported an injury on 05/10/2012. Notes indicate that the patient has complaints of significant pain and discomfort in the neck and low back, and that the patient exhibits signs of her anxiety disorder. Notes indicate that the patient, on physical exam of the cervical spine, has significant tenderness to the paraspinal musculature; and examination of the lumbar spine reveals significant tenderness in the paraspinal muscles. The patient is noted to have a normal gait and able to complete heel and toe walking. Notes indicate that the patient is currently diagnosed with a left-sided C5-6 radiculopathy, and a cervical hyperextension/hyperflexion injury, as well as cervical discopathy. The current request for consideration is a retrospective for urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A retrospective urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section, Page(s): 43.

Decision rationale: The California MTUS states that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs; for on-going management of patients on opioids and for documentation of misuse of medications (i.e. doctor-shopping, uncontrolled drug escalation, drug diversion). While the documentation submitted for review indicates that the patient underwent urinalysis on 08/23/2013 for monitoring of medication compliance; it is noted that 2 prior drug screens completed 05/10/2013 and 04/05/2013 indicated the patient had findings consistent with her prescription medication regimen, with the exception of the 05/10/2013 report indicating that tramadol had not been detected; however, was prescribed. However, there remains a lack of documentation submitted for review indicating the necessity of monitoring of the patient with a urine drug screen and to provide clinical indications necessary for screening. There is no indication that the patient is considered at risk of aberrant behavior. Given the above, the request for retrospective urinalysis is not medically necessary and appropriate.