

Case Number:	CM13-0034443		
Date Assigned:	12/06/2013	Date of Injury:	08/25/2009
Decision Date:	05/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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. 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 injured worker is a 40-year-old female who reported an injury on 08/25/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder, lumbar spine and cervical spine. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's treatment history has included surgical intervention, physical therapy, epidural steroid injections, trigger point injections and psychological support. The injured worker underwent a urine drug screen on 06/08/2013 that was consistent with the injured worker's prescribed medication schedule. The injured worker was evaluated on 07/03/2013. It was documented that the injured worker had ongoing right shoulder tenderness. Physical findings included tenderness to palpation of the lumbar and thoracic spines with a positive right-sided straight leg raise test. The injured worker's diagnoses included a history of 3 shoulder rotator cuff surgeries, neck pain, low back pain, morbid obesity, opioid dependency, benzodiazepine dependency, barbiturate dependency and chronic pain syndrome. The injured worker's treatment plan included a home health aide and medial transportation. The injured worker underwent a urine drug screen on 07/06/2013 which was consistent with the injured worker's medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR A URINE TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The retrospective request for the urine drug screen is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for injured workers who have symptoms of illicit drug use or are suspected of aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker had undergone a urine drug screen in 06/2013. There was no support for an additional urine drug screen 1 month later provided. The physical evaluation of the injured worker did not provide any evidence of overuse or withdrawal to support aberrant behavior. Therefore, the need for an additional urine drug screen was not justified. As such, the retrospective request for urine toxicology was not medically necessary or appropriate.