

Case Number:	CM13-0034685		
Date Assigned:	12/11/2013	Date of Injury:	09/13/1990
Decision Date:	06/16/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & 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 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:

This is a 73 year-old male with a 9/13/1990 industrial injury claim. According to the 7/18/13 report from [REDACTED], the diagnoses includes cervical sprain with radiculitis; thoracic sprain; lumbar sprain with radiculitis; lumbar myofascial pain syndrome; bilateral shoulder sprain; s/p right shoulder SAD and acromioplasty on 3/18/13; bilateral elbow and wrist sprain; s/p right knee arthroscopy; plantar fasciitis; depression and insomnia. The medications at that time were listed as topical Fluriflex and Medrox patch. On 9/24/13 UR recommended non-certification for a urine drug screen on 8/20/13, because they did not receive requested additional information in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS DRUG SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The most recent available medical report is dated 7/18/13 and this shows the patient is not taking any opioid medications, and is just using topical medications. There is no discussion of the patient being at high risk for aberrant drug behavior. There is a prior quantitative urine drug screen from 5/2/13 that did not detect any medications. The MTUS Chronic Pain Guidelines does not specifically discuss the frequency that urine drug screens should be performed. The ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The ODG state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request is not in accordance with the frequency listed under the ODG. The request is not medically necessary and appropriate.