

Case Number:	CM13-0035214		
Date Assigned:	04/25/2014	Date of Injury:	01/24/1994
Decision Date:	06/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 66 year old male who injured his neck and lower back after a motor vehicle accident on 1/24/94. He later complained of neck stiffness with radiation to both arms, lumbar pain, and was diagnosed by his treating physician with cervical strain and lumbosacral strain. He currently has chronic low back pain with sciatica occasionally exacerbated with certain activities and more so after a fall on 3/9/10. The worker was treated with oral NSAIDs, topical analgesics, and physical therapy, and was able to go back to work shortly after his first injury and subsequent reinjuries. No other treatment methods used on the worker were found in the documents provided. A drug screening test was performed on 5/20/13 for an unknown reason, and no medications that the worker was using were listed, and the results were negative for any drugs. The worker noted on that date that he had intermittent neck pain, constant low back pain with radiation, left wrist pain, and intermittent right knee pain, and the medications he reported using were Medrox, and Flurbiprofen cream, and was attending physical therapy. The worker's treating physician ordered another urine drug screen test on 9/24/13 without explanation as to why, according to the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINE DRUG SCREENING (DATE OF SERVICE 9/24/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS Page(s): 43, 77-88.

Decision rationale: The MTUS Chronic Pain Guidelines state that drug testing is an option to be used to assess for the use or the presence of illegal drugs. Urine drug screening is typically used in situations where the patient is using or the physician is considering using opioid medications to help treat chronic pain. The MTUS states that drug screening used when the patient is exhibiting signs of abuse, addiction, or poor pain control in relation to opioid use such as observed intoxication, negative affective state, and excessive requests for refills on opioid type medications. In this case, the worker was not currently prescribed or using any opioid or any other type of potentially addictive drugs, and did not exhibit and signs of addictive or abuse behavior, according to the notes provided. Also no explanation by the ordering physician as to why the drug screen would be justified was seen in the documents provided. Therefore, the urine drug screening from 9/24/13 is not medically necessary.