

Case Number:	CM13-0035941		
Date Assigned:	12/13/2013	Date of Injury:	03/05/2013
Decision Date:	02/26/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and Cardiology 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 patient is a 57-year-old female who reported an injury on 03/05/2013. The mechanism of injury is a fall. The patient's diagnoses include internal derangement of left knee and left hip, ICD9 code 717.9 and 718.35, sprain and strain of the left wrist ICD9 code 845.00, and strain of lumbar spine ICD9 code 847.2. A review of the medical record revealed the patient has continued constant complaints of pain to her left wrist, left knee, left hip, and lumbar spine. The patient states the pain is increased with bending and sitting for long periods of time. Physical examination revealed tenderness at L3-S1, bilateral posterior superior iliac spine, and bilateral paravertebral muscles. The patient has participated in physical therapy to include electrical stimulation, infrared, paraffin treatments, myofascial release and soft tissue mobilization, and the patient has also received multiple sessions of acupuncture to her wrist knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Opioids Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California MTUS Guidelines state that the use of a drug screen or inpatient treatment is recommended with issue of abuse, addiction, or poor pain control. It also is noted in California MTUS that it is recommended to consider the use of a urine drug screen to assess for the use or presence of illegal drugs upon initiation of a therapeutic trial of opioids. There is no clinical documentation provided in the medical record suggesting that the patient is receiving opioid medications at the time of the request. There are no objective clinical findings, or diagnoses to support the medical necessity for a urine drug screen at this time. There were no documented behaviors by the patient that were indicative of there being any misuse of any medication or possible use of an illegal substance that would warrant the need for a urinalysis drug screen at this time. Therefore, the request for a urinalysis drug screen is non-certified.