

Case Number:	CM13-0039399		
Date Assigned:	12/18/2013	Date of Injury:	04/06/1992
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice, 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:

The patient is a 59-year-old male who reported an injury on 4/6/92. The patient is diagnosed with myalgia and myositis, organic insomnia, psychosexual dysfunction, sprain in the lumbar region, and shoulder sprain. The patient was seen by [REDACTED] on 10/29/13; he reported ongoing lower back pain. Physical examination was not provided. Treatment recommendations included authorization for a urine drug screen, and continuation of current medications and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen between 10/10/13 and 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS Guidelines state that urine drug screens are recommended as an option to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within six months of initiation of

therapy and on a yearly basis thereafter. As per the clinical documentation submitted, the patient's injury was over 21 years ago to date, and there is no indication of noncompliance or misuse of medications. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. The patient recently underwent a urine toxicology screen on 8/14/13. Additionally, urine drug screens were requested on 8/27/13 and 9/17/13. Based on the clinical information received, the request is non-certified.