

Case Number:	CM13-0040987		
Date Assigned:	12/20/2013	Date of Injury:	01/23/2007
Decision Date:	03/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 with a stated date of injury of 01/23/2007. The patient was injured while trying to hold up a 300lb+ falling file cabinet and this put strain to his entire body. He fractured his left wrist, and injured mid and lower back, both knees and right shoulder. He is taking Methadone 3 times daily without known side effects. He is taking the Flexeril twice daily to help his condition. He is still trying to stay positive and walk during ere day despite his pain condition. A urine test performed on 8/22 was positive for Methadone only. Chronic pain in multiple region of the body including neck, midback, wrists, elbow, both knees, lower back was noted. The notes also state thoracic degenerative spine disease, no significant change in his reported symptoms and moderate depression and anxiety. The provider's plan was to wean Methadone to 5 mg. bid. The patient may take Flexeril 10mg. The patient is to stop Tylenol but continue Trazodone 50 mg. qhs and increase Paxil to 30 mg. daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro urine drug test done on 9/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This is a retrospective request for a urine drug screen. The CA-MTUS and ODG guidelines recommend drug screening to assess the presence of illicit drugs and or to monitor patient adherence to prescription medication program, when there is a clinical indication. In this patient, recent series of urine drug screening performed did not suggest any evidence of aberrant drug behavior or illicit drug use. Furthermore, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Based on the currently available information, the medical necessity for this drug screening has not been established, and therefore, the request is not medically necessary.