MAXIMUS Federal Services

Case Number:	CM13-0044504		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2013
Decision Date:	04/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 55 year old female who sustained a work related injury on 01/09/2013. Her diagnoses include blunt head trauma, post traumatic bilateral temporomandibular joint syndrome, cervical strain/sprain with radiculitis, thoracic musculoligamentous strain/sprain, bilateral shoulder strains, luymbosacral spine disease, right elbow strain/sprain, right hand/wrist crush injury, right knee strain, and sleep disturbance secondary to pain. She continues to complain of neck, jaw, right shoulder, and right knee pain. On exam, there is decreased range of motion in the cervical spine, positive cervical distraction test, positive Neer's impingement and Supraspinatus tests for the right shoulder, positive Cozen test right elbow, decreased sensation in the right anterolateral shoulder and arm, positive patella femoral grinding and Mcmurray's test for the right knee , and decreased sensation in the right anterior knee. Treatment has included medical therapy with topical medications, physical therapy, consult with a dentist, lumbosacral brace and a TENS unit. The treating provider requested a urine drug screen on 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREENING PERFORMED ON 09/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient's provider requested a urine drug screen on 09/30/2013. The patient was maintained on a medical regimen which included ibuprofen and topical medications. Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. There were urine test results from the same calender year of 02/04/13, 03/11/13, 05/06/13 and 06/24/13 which did not detect any drugs. Given the previous four negative urine drug screens, there was no specific indication for the urine drug test requested on 09/30/2013. Medical necessity for the requested item was not established. The requested item was not medically necessary.