

Case Number:	CM13-0049211		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2011
Decision Date:	03/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working least at 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 62-year-old female who reported an injury on 06/16/2011. The mechanism of injury was not provided for review. The patient developed chronic pain of the bilateral shoulders, bilateral wrists, and the right elbow. The patient's pain was managed with medications and H-wave therapy. The patient's medications included Norco, gabapentin, meloxicam, and topical analgesics. The patient was monitored for medication compliance with urine drug screens, most recently in 03/2013 and 09/2013. The patient's treatment plan included continuation of medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: 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 Page(s): 43.

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had consistent results with the last 2 urine drug screens. The California Medical Treatment

Utilization Schedule recommends drug testing for patients who are suspected of using illicit drugs, or who are at risk for noncompliance to a medication schedule. The clinical documentation submitted for review does not provide any evidence that there are suspicions of illicit drug use. Additionally, there is no documentation of aberrant behavior to support that the patient is at risk for non-adherence to the prescribed medication schedule. Official Disability Guidelines recommend yearly testing for patients who are at low risk for noncompliance to the medication schedule. As the patient has already submitted to 2 urine drug screens within the last year that were consistent with the prescribed medication schedule, an additional urine drug screen would not be supported. As such, the requested urine drug screen is not medically necessary or appropriate.