

Case Number:	CM13-0050292		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2007
Decision Date:	03/21/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation and is licensed to practice in 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 38-year-old female who reported an injury on 01/22/2007. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical and lumbar spine sprain with bilateral lower extremity radiculopathy, bilateral shoulder strain, de Quervain's tenosynovitis, epicondylitis, and carpal tunnel syndrome/cubital tunnel syndrome. The patient was seen by [REDACTED] on 07/19/2013. The physical examination revealed limited cervical and lumbar range of motion with palpable muscle spasm and tenderness to palpation. The treatment recommendations included continuation of current medications, laboratory studies, 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:

Retro request for 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 Drug Testing Section, Opioids Section Page(s): 43, 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state 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 6 months of initiation of therapy, and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 6 years ago to date, and there is no evidence of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is noncertified.