

Case Number:	CM13-0050814		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	12/03/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practitioner 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 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 patient sustained an industrial injury on October 5, 2012. Sleep study on 9/28/13 has revealed severe pathological sleep breathing respiratory disorder. The patient was seen on September 19, 2013 at which time he complained of neck, mid back, and low back pain. He was diagnosed with cervical disc protrusion, thoracic sprain strain, lumbar sprain strain, and lumbar disc protrusion. Request was made for qualitative drug screen. The patient's medications consist of topical medications and Genicin for the treatment of arthritic pain. The patient is also prescribed Somnicin for insomnia, anxiety, and muscle relaxation. The qualitative drug screen was administered to determine consistent medication management for the patient's prescription drug therapy. Utilization review on October 24, 2013 the request for qualitative drug screen was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test, Opioids Page(s): 43, 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that is the case with this patient. Furthermore, there is no evidence that the patient is being prescribed controlled substances to support a drug screen. The request for qualitative drug screen is not medically necessary.