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| Case Number: | CM13-0050871 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/04/1991 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 69-year-old male who reported a work-related injury on 02/04/1991. The clinical note dated 09/12/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient was seen for treatment of the following diagnoses: L4-S1 severe degenerative disc disease; L4-5 failed laminectomy as of 1985. The provider documents the patient has had no improvement in symptomatology. The patient utilizes Norco 10/325 mg and naproxen. The provider documented upon exam of the patient his gait was slow. The provider documented a urine toxicology screen was performed to monitor the patient's compliance with her pharmaceutical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The clinical documentation submitted for review failed to evidence when the patient last underwent a urine drug screen to monitor the patient's compliance with his

medication regimen. California MTUS does support urine drug testing to assess for patient compliance with opioid utilization. However, given the lack of documentation submitted for review, it appears that the patient last underwent a urine drug screen in 05/2013. The clinical notes do not evidence non-compliance with urine drug testing with the patient's medication regimen at that time to support a repeat urine drug screen in 09/2013. Given all of the above, the request for retrospective urine toxicology screen (DOS 9/12/2013) is not medically necessary or appropriate.