

Case Number:	CM13-0052474		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2011
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice, and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 04/21/2011. The exact mechanism of injury was not provided. The patient was noted to have a urine drug screen on 10/22/2012 which was negative. The only medication being prescribed at that time was noted to be ibuprofen and there was lack of documentation indicating necessity for the requested urine drug screen. The patient was noted to have received several injections for her right shoulder with temporary relief. The patient indicated that her bilateral feet and hands were her greatest complain. The patient was noted to have a positive Tinel's sign in the left elbow and lumbar spine tenderness in the midline L3-5 region with tenderness in the bilateral paraspinal muscle region. Examination revealed the patient had a negative straight leg raise bilaterally in the sitting position. The patient was noted to have tenderness in the medial calcaneus region bilaterally of the feet. The diagnoses were noted to include cervicothoracic strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis, bilateral carpal tunnel syndrome and cubital tunnel syndrome, lumbosacral strain/arthrosis, bilateral plantar fasciitis, umbilical hernia, and bilateral lower extremities varicose veins. The request was made for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review for Drug Screen, qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter, setting: outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The patient was noted to have a urine drug screen on 10/22/2012 which was negative. The only medication being prescribed at that time was noted to be ibuprofen and there was lack of documentation indicating necessity for the requested urine drug screen. The clinical documentation submitted for review with this request failed to indicate medication the patient was taking to indicate if she was taking opiates. Additionally, there was lack of documentation indicating the patient had a documented issue of abuse, addiction, or poor pain control. Given the above, the request for Retrospective Review for Drug Screen, Qualitative; Multiple Drug classes by High Complexity Test Method (e.g. immunoassay, enzyme assay), per patient encounter, setting: Outpatient is not medically necessary.