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| Case Number: | CM13-0053102 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/01/2011 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 43-year-old female who sustained an industrial injury on November 1, 2011. She developed a staphylococcus infection and her diagnoses include osteomyelitis of the job, diarrhea, constipation, and from both psychosis. She underwent surgical debridement of the right mandible on January 7, 2013. The disputed issue is a request for urine drug testing. A utilization review determination on 11/4/2013 found the urine drug testing to be not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 76-80, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

Decision rationale: In the case of this injured worker, there is documentation that the patient's has recently had Fioricet added to her medication regimen. It is beyond the scope of this current independent medical review to ascertain whether the Fioricet was warranted or not. Without the Fioricet, her medication regimen does not contain any controlled substances. Therefore, without

any other documentation of suspicious activity, the urine drug screen is recommended for noncertification. It is noted that after the urine drug test was performed, the patient was positive for Ativan. The documentation circa the time of the urine toxicology screen did not document that the patient was on any Ativan. Thus the outcome of the urine drug screen does not affect its medical necessity based upon the submitted documentation.