

Case Number:	CM13-0057300		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	06/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery 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 54-year-old female who sustained injuries to the left side of her body when she slipped and fell on water, injuring her back, left shoulder, left upper extremity, left hip and lower extremity. She continued to work her shift and after the injury, she received medical treatment. A clinical note dated 10/08/13 reported that a urine specimen was obtained to monitor medication use. Medications included Gabapentin and Ibuprofen. No additional medications were issued on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN (DOS 10/8/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- DRUG TESTING. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Integrated Treatment Guidelines- Disability Duration Guidelines (DDG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT).

Decision rationale: The retrospective request for one urinalysis is not medically necessary. Records indicate that the injured worker was taking Gabapentin and Ibuprofen. It was reported that the injured worker was tested to monitor her medication intake. The (ODG) Official Disability Guidelines states that urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover a diversion of prescribed substances; however, there was no information provided that would indicate any aberrant behavior or use of any additional illicit substances. There were no other 'red flags' identified that would indicate the injured worker was at high risk for substance abuse. Given the clinical documentation submitted for review, medical necessity of the retrospective request for one urinalysis has not been established. The request is not medically necessary and appropriate.