MAXIMUS Federal Services

Case Number:	CM13-0057415		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2011
Decision Date:	06/04/2014	UR Denial Date:	11/19/2013
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 Anesthesiology, has a subspecialty in Texas 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 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 is a 58 year old female who reported an injury to her neck, right shoulder, low back, and left ankle. The clinical note dated 08/23/13 indicates the patient having undergone a series of MRIs addressing the multiple areas. The clinical note dated 08/30/13 indicates the patient rating her pain as 6-8/10. The note indicates the patient utilizing Trazadone, Prednisone, Prevacid, as well as an IM injection of Toradol. The clinical note dated 09/30/13 indicates the patient stating the Prednisone had provided significant pain relief. The patient continued to rate her pain as 4/10. The note indicates the patient utilizing a transdermal ointment for pain relief. The urine drug screen completed on 12/04/13 indicates the patient is compliant with her drug therapy. The clinical note dated 12/11/13 indicates the patient continuing with pain at several sites. The patient rated the pain as 8/10 at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT URINE DRUG SCREEN (UDS) FOR MEDICATION COMPLIANCE: Upheld

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

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

Decision rationale: The documentation indicates the patient complains of pain at several sites. The use of a urine drug screen is indicated for patients with a high possibility of drug misuse or if previous screens have resulted in demonstrating the patient's non-compliance. No information was submitted regarding the patient's potential for drug misuse. Additionally, the patient has shown no compliance issues with previous studies. Given these findings, this request is not medically necessary and appropriate.