

Case Number:	CM13-0060355		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2009
Decision Date:	06/16/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/03/2013

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 Occupational 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:

Injured worker is a female with date of injury 10/6/2009. Per primary treating physician's progress report, the injured worker continues to have total body pain, chronic fatigue, and problem sleeping. She is have morning gel phenomenon for minutes, no joint swelling. Medications are working and she is able to continue working. On exam she has very tight and tender paraspinal muscles. There is no new joint swelling. Neurologic examination is normal. No rheumatoid arthritis deformities. Diagnosis is post-proc states NEC.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINALYSIS DRUG SCREENING DOS:10/10/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43,112.

Decision rationale: Per supplemental report, the requesting physician recommends urinary compliance testing in the treatment of the injured worker. He reports that compliance urinary testing is necessary for this injured worker to monitor compliance with the pharmacological

regimen as well as identify any possible drug interactions related to multiple prescribing physicians. Although the requesting physician has provided a rationale for the urine drug screen, there is no evidence that this injured worker is at risk of illicit drug use, noncompliance with medications or diversion of prescription medications. She has had urine drug screen previously with no identified illicit drug use. She is currently prescribe cyclobenzaprine and Trepadone, which are not being tested in the urine drug screen, and therefore compliance with this pharmacological regimen is not being verified as stated. The use drug testing is recommended by the MTUS as an option to assess for the use of the presence of illegal drugs. It is recommended prior to initiating opioid therapy, and in ongoing management when there are concerns of abuse or diversion. The retrospective request for Urinalysis Drug Screening is not medically necessary.