

Case Number:	CM13-0062733		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2008
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Pediatric Rehabilitation Medicine 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 63-year-old female who reported an injury on 09/08/2008 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, a home exercise program, carpal tunnel release surgery, multiple medications, and psychiatric support. The patient's most recent evaluation noted that she still reported symptoms of depression, however, was working full time. It was also noted that the patient had been stable on her medications for approximately 2 years. The patient's diagnoses included insomnia type sleep disorder secondary to pain and major depressive disorder. The patient's medications included Prozac, Ativan, and Restoril. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DRUG SCREEN: 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.

Decision rationale: The retrospective request for drug screen for date of service 10/24/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screening for patients who are at risk for illicit drug use or to assist in evaluating the patient for aberrant behavior while using opioids for pain relief. The clinical documentation submitted for review does not provide any evidence that the patient is using opioids for pain relief. Additionally, the clinical documentation does not provide any evidence of overuse or withdrawal symptoms to support the need for a urine drug screen. The clinical documentation does not provide any evidence that the patient is exhibiting any symptoms related to street drug use. Therefore, the retrospective request for the urine drug screen for date of service 10/24/2013 is not medically necessary or appropriate.