MAXIMUS Federal Services

Case Number:	CM13-0064922		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2005
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 and Pain Management and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 05/17/2050. The mechanism of injury was not provided for review. The injured worker underwent a urine drug screen on 10/08/2013 and 07/11/2013. The injured worker also underwent a period of physical therapy in 08/2013. The most recent clinical evaluation of the injured worker is from 04/16/2013. It was documented that the injured worker had chronic low back pain and was treated with Norco 10/325 mg. The injured worker's diagnoses included lumbar disc herniation and lumbar radiculitis. The request was made for a rapid screen urinary drug test and a urine toxicology test. However, no justification or clinical documentation to support the request was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAPID SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN, ONGOING OPIOID MANAGEMENT AND CHRONIC USE OF OP.

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

Decision rationale: The requested rapid screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screening for patients who are symptomatic of illicit drug use and/or require monitoring due to chronic opioid usage. The injured worker's most recent clinical evaluation in 04/2013 did document that the injured worker was taking opioids. However, conservative treatment has been given to the injured worker since that evaluation. Therefore, a current medication history would need to be provided to determine the need for random urine drug screening. Additionally, there was no justification for the need for a rapid screen versus a point of care test. As such, the requested rapid screen is not medically necessary or appropriate.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREENS, ONGOING OPIOID MANAGEMENT, AND CHRONIC USE OF.

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

Decision rationale: The requested urine toxicology is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug screening for patients who are symptomatic of illicit drug use and/or require monitoring due to chronic opioid usage. The clinical documentation from 04/2013 does indicate that the injured worker was using opioids for pain control at that time. However, after a period of conservative care, an updated medication history would need to be provided to determine the necessity of ongoing opioid management. Additionally, the clinical documentation indicates that the injured worker underwent a urine drug screen on 07/11/2013. No justification for an additional urine drug screen within a 2 month period of time was provided. As such, the requested urine toxicology is not medically necessary or appropriate.