MAXIMUS Federal Services

Case Number:	CM13-0066122		
Date Assigned:	01/03/2014	Date of Injury:	12/24/2001
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation 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 66 year-old female who reported an injury on 12/24/2001 and the mechanism of injured was not provided in the medical records. The injured worker has had complaints of chronic pain in her back and left hip. The clinical noted dated 08/13/2013 indicated the injured worker complained of pain in her back and left hip described as aching, pressure, and throbbing. She indicated her pain level was 5/10 and constant. The medications were noted as Norco, Lexapro, Lunesta and Voltaren gel. On examination, it is noted that there was tenderness of the lower lumbar facet joints bilaterally with painful and limited range of motion in the lumbar spine. The left straight leg raise test was positive and it elicited shooting pain radiating down her leg. It is also noted that the injured worker was alert and did not appear sedated. The care plan recommended continuation of conservative care including physical therapy and medications. The injured worker denied any significant side effects to her current medication. Also, there was a urine drug screen obtained at the visit. The current requested is for urine drug screen, date of service 8/16/13. The physician did not provide a rationale for the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR A URINE DRUG SCREEN, DATE OF SERVICE 8/16/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Guidelines support the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The medical documentation provided does not indicate the patient had issues of abuse, addiction, or poor pain control. The clinical note indicated that the injured worker would continue medication management to help alleviate some of the pain she was expercing. The physican also noted that the injured worked did not appear sedated on the physical exam. The clinical documentation did not indicate that the patient has had abuse or addiction. The retrospective request for a urine drug screen, date of service 8/16/13 is not medically necessary and appropriate.