

Case Number:	CM13-0066794		
Date Assigned:	01/03/2014	Date of Injury:	11/14/1985
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Practice, 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:

This is a 55-year-old male patient who sustained a work-related injury on 11/14/85. The mechanism of injury was not provided. The patient had a prior urine drug screen on 7/3/13 which was positive for THC. According to the office visit note dated 10/10/2013, the patient presented for pump refill and reported adequate relief; however, there were reported increased muscle spasms in the back which the patient described as a "hot poker," mostly on left side. The patient used the boluses up to 15 times a day. The patient denied recreational drug use. The urine drug screen results for the date of 10/30/2013 were consistent with the reported prescriptions, but were also positive for THC.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR THE URINE DRUG SCREEN PERFORMED ON 10/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS guidelines state that urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Although the patient had previously tested positive for THC in July 2013, and repeat testing would have been supported to adequately monitor the patient, the performed urine drug screen on 10/30/13 included quantitative testing which is not supported by guidelines. As such, the request is non-certified.