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| Case Number: | CM13-0067381 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/16/2002 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/14/2013 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 65 year-old female who reported an injury on 07/02/2002 and the mechanism of injury was noted as an industrial injury. The current diagnosis is multilevel degenerative discopathy with foraminal narrowing. A progress note dated 05/1/2013 indicated the injured worker was prescribed hydrocodone and this medication was not detected on a drug compliance and diversion screen. The progress note dated 08/02/2013 indicated the injured worker had complaints of numbness and tingling at the bilateral hands and digits, which was becoming worse. A urine drug screen was performed and indicated the results were negative for all drugs tested and was consistent with prescribed medications. The progress note from 09/06/2013 documents that the injured worker continued to complain of numbness and tingling of the bilateral hands and digits. A urinalysis was reported to have been performed but the results were not available. The clinical note from 10/11/13 documented the injured worker's complaints were basically unchanged and continued to have bilateral wrist pain with activity. The results of the urine drug screen were not provided for review. It is also noted that the injured worker was not prescribed any medication during the visit. The current request dated 10/11/2013 is for retrospective urinalysis. The physician did not provide a rationale for ordering the urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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

Decision rationale: The California MTUS Guidelines indicate the use of drug screening for inpatient treatment with issues of abuse, addiction, or poor pain control. The medical documentations provided does not indicate the patient had issues of abuse, addiction, or poor pain control. A progress note dated 05/1/2013 indicated the she was prescribed hydrocodone and this medication was not detected on a drug compliance and diversion screen. Futher drug screens were reportedly performed on 09/06/2013 and 10/11/2013 although the results were not provided for review. The retrospective urinalysis does not meet the guideline recommendations, as a laboratory report dated 08/02/2013 indicated that the results were negative for all drugs tested which is consistent with the findings and the documentation indicated the injured worker was not prescribed opioid medications. Given the fact that the treating physician failed to indicate the rationale for retrospective urinalysis and she is not currently receiving opioid medication the request for retrospective urinalysis is not medically necessary.