

Case Number:	CM13-0067854		
Date Assigned:	01/03/2014	Date of Injury:	08/20/1996
Decision Date:	05/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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 California and Arizona. 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 60 year-old female claimant that sustained an injury on 2/21/97 resulting in back, upper and lower extremity pain. She had diagnoses of cervical radiculopathy, lumbar radiculopathy, right knee pain, and carpal tunnel syndrome. An exam report by pain management on 9/13/13 indicated she had been taking Frovatriptan, topical Lidoderm patches and Exoten lotion. A prior urine drug screen on 2/19/13 was negative for controlled substances. A follow-up exam on 10/11/13 indicated the claimant was only on Exoten lotion for pain. There was no documentation of pain seeking, pain intolerance, abuse, or obtuse behavior. A urine drug screen was repeated on 10/21/13 had negative results for any substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST 1 URINALYSIS DRUG SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opiates, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 90-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Toxicology

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references, the claimant did not exhibit deviant behavior, requests or symptoms that would suggest non-adherence. Prior urine screens were unremarkable. In addition, there is no documentation of prescriptions of new controlled substances. As a result, the urine toxicology screen on 10/21/13 was not medically necessary.