

Case Number:	CM13-0069297		
Date Assigned:	03/03/2014	Date of Injury:	08/05/2008
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesia 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 56 year old male who reported an injury on 08/05/2008. The mechanism of injury was not provided. The most recent clinical document provided for review was dated 12/10/2013 and showed the injured worker reported he had a 9/10 pain with his medications. His medications included Norco, Skelaxin, Lyrica, Cidaflex, Miralax, Ketofen and Elavil. The results of the urine drug screen within the clinical report dated 12/10/2013 (drug screen report not provided for review) was performed in 11/2013 and showed the injured worker positive for Pregabalin, Tramadol, Hydrocodone, Hydromorphone, Amitriptyline/Nortriptyline and Cyclobenzaprine. The injured worker's diagnoses included bilateral shoulder sprain and strain, bilateral shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome and neuropathic pain. The treatment included continued medication use and reevaluate within three weeks. The request for authorization was submitted on 12/10/2013. The drug screen was reportedly recommended to assess medication compliance and to identify possible drug diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43,76-77.

Decision rationale: The request for Urine Drug Screen is non-certified. According to the documentation received for review, the injured worker has a history of chronic pain due to a shoulder injury/surgery. The CA MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. Due to the lack of documentation provided to show the injured worker had a history of misuse of medications or aberrant behavior, the request is not supported. The injured worker has undergone prior drug screens that have been consistent with medication regimen. Therefore, the request for urine drug screen is non-certified.