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| Case Number: | CM13-0072332 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 07/17/2009 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 Internal Medicine, 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 patient is a 58 year old female who was injured on 07/17/2009. Prior treatment history has included the following medications: Naprosyn, Omeprazole, Neurontin, Zanaflex, and Dendracin. Diagnostic studies reviewed include a urine drug screen dated 03/08/2013 resulting in no detection of any metabolite. A progress note dated 03/13/2013 documented the patient has increased back pain with occasional bilateral leg numbness. The patient notes no weakness in legs. The patient also has pain in the right elbow with numbness and tingling. She is currently not working. Objective findings on examination reveal positive Tinel's on the right ulnar nerve. Normal strength and reflexes of bilateral lower extremities. She has decreased range of motion in the back. The remainder of findings are illegible. Diagnoses: 1) Myofascial pain syndrome. 2) Lumbar spine strain. 3) Right lateral and medial epicondylitis. 4) Lumbosacral radiculopathy. A utilization report dated 06/19/2013 denied the request for a urine drug screen. A urine drug screen was performed every three months with the last one in March of 2013 which was within normal limits. Considering the most recent drug screen reveals no evidence of inconsistency or any indication the claimant is at risk, it was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The MTUS Chronic Pain Guidelines recommends urine drug screening for periodic monitoring in patients on chronic opioid therapy or for suspected abuse of narcotics or other substances. The patient has previously had several urine drug screens that were negative for substance abuse. The patient does not appear to be on chronic opioid therapy that would require urine screening. The clinical documents do not provide sufficient discussion that show the patient is at risk for substance abuse or has demonstrated aberrant behavior. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.