

Case Number:	CM14-0001619		
Date Assigned:	01/22/2014	Date of Injury:	05/16/2012
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 05/16/2012. The mechanism of injury was not provided within the submitted medical records. The clinical note dated 11/13/2013 noted the injured worker stated Flexeril was helping with the pain and muscle spasms and reduced his intake to only taking half a tab to avoid drowsiness. The injured worker reported other medications such as naproxen made him drowsy and gabapentin caused dizziness for adverse effects. The injured worker further reported a non-disclosed cream was helping with his symptoms but still persisted, rated 8/10. The clinical note dated 12/17/2013 reported in the care plan, a continued utilization of a TENS unit, ketoprofen, diclofenac sodium, a scheduling of an epidural, discontinuation of Flexeril, and a request for a urine drug screen. The request for authorization was dated 12/13/2013.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines

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

Decision rationale: The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including aberrant behavior and monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show the injured worker has been prescribed opioids recent enough to be present upon the urine drug screen. Therefore, it cannot be determined if the urine drug screen was concurrent with the guideline recommendations. It did not appear the injured worker was at risk for medication misuse or displayed aberrant behaviors. Thus, the drug test would not be medically necessary. Hence, the request is not medically necessary and appropriate.