

Case Number:	CM14-0003562		
Date Assigned:	01/31/2014	Date of Injury:	11/18/2006
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 33year old female with a reported date of injury on 11/08/2006. The mechanism of injury was reported as being pushed against her car while performing her job duties as a police officer. The injured worker complained of left knee pain, and low back pain with bilateral L5 radicular pain. The injured worker's diagnosis included l4-L5 disc protrusion, L5 compression radiculopathy, bilateral L4-L5 facet hypertrophy with right L5-S1 facet syndrome, as well as lateral patella status post repair in 1998 and 2001. The records indicate a drug screen was performed on 04/18/2013; however, there was a lack of documentation regarding the results. According to the clinical note dated 09/12/2013 the injured worker's medication regimen included Vimovo, tramadol, Protonix and Skelaxin. According to the clinical note dated 10/15/2013 her lumbar range of motion was flexion to 40 degrees and extension to 10 degrees. The injured worker had a positive straight leg raise bilaterally, and knee extension was bilaterally to 80 degrees. The request for authorization of retrospective drug screen for date of service 10/15/2013 was submitted on 01/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DRUG SCREEN FOR DATE OF SERVICE 10/15/13: 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 Opioids
Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend the urine drug screen as an option to assess for the use or presence of illegal drugs. The guidelines recommend urine drug screening if there is documented clinical suspicion of illicit drug use or prescription medication non-compliance. The clinical notes provided for review lack documentation of suspicion of illegal drug use, prescription medication noncompliance or a planned schedule of drug screens. There was a lack of documentation indicating the rationale for the drug screen on that date. Additionally, it appears a urine drug screen was performed on 04/18/2013; however the results of the screening were not provided. The frequency of the urine drug screen would not be congruent with the guideline recommendations. Therefore the request for retrospective drug screen dated 10/15/2013 is non-medically necessary and appropriate.