

Case Number:	CM14-0009086		
Date Assigned:	02/12/2014	Date of Injury:	04/01/2001
Decision Date:	11/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Family Medicine and is licensed to practice in Utah. 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 51 year-old male. The patient's date of injury is 4/1/2001. The mechanism of injury is not stated. The patient has been diagnosed with failed back surgery syndrome, knee meniscus tear, bilateral trochanteric bursitis, left upper extremity numbness and pain with tingling, intrathecal and oral opioids therapy, and hypogonadism. The patient's treatments have included surgical intervention, injections and medications. The physical exam findings dated 12/18/2013 show the patient with a pump pocket in the abdomen with no redness, tenderness or swelling. There is tenderness noted along the palpation of the bilateral hip trochanteric bursa. The patient's medications have included, but are not limited to, Norco, Benicar, Dilaudid, Flexeril, Ibuprofen, Lexapro, Norco, Toprol, and Wellbutrin. The request is for a drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DRUG SCREEN DOS: 11/12/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 44, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a drug screen. MTUS guidelines state the following: it is recommended as an option, using a urine drug screen to assess for the use or the presents of illegal drugs, and during on-going management. Guidelines recommend the patient undergo a drug testing to ensure compliance with controlled medication, and to monitor for other illegal medications. According to the clinical documentation provided and current MTUS guidelines; the drug screen, as requested, is indicated a medical necessity to the patient at this time.