MAXIMUS Federal Services

Case Number:	CM14-0009707		
Date Assigned:	02/21/2014	Date of Injury:	05/07/2008
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
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 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 49-year-old male who sustained an injury to his low back on 05/07/08 when the back of his chair gave out he fell backwards, injuring both legs, arms, and back. The injured worker experienced immediate pain in the left hip and low back. The injured worker utilized Ibuprofen and applied heating pad to his back. The injured worker stated he cannot get out of bed due to the pain he is experiencing. Treatment to date has included medications, hot/cold pack and lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINALYSIS DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT)

Decision rationale: The request for urinalysis drug screen is medically necessary. Current medications included Xanax, Norco and Soma. A urine drug screen dated 12/06/13 reported

findings normal with the injured worker's current medication regimen. The Official Disability Guidelines (ODG) state that urine screens is performed twice yearly for injured workers who are prescribed controlled substances. There was no information provided in the records submitted for review that would indicate that the injured worker had previously undergone urine drug screens. Given that the injured worker was on controlled medications at the time the drug screen was administered and there was no information that would indicate previous screens, medical necessity of the request for one urinalysis drug screen has been established.