

Case Number:	CM14-0100758		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2008
Decision Date:	10/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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:

This patient is a 40 year old female who developed persistent low back and knee pain subsequent to a slip and fall on 2/16/08. She is being treated for chronic pain. Dispensed compounded topicals are documented. No oral medications are described. No medications related aberrant behaviors are documented. A prior urine drug test is reported in Feb' 14. There is no documentation of problematic results from prior testing. Another urine drug test is requested in April' 14. No medical rationale for the repeat testing is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87,88..

Decision rationale: MTUS Guidelines support the judicious use of urine drug screens when a patient is on chronic oral Opioids. ODG Guidelines provide additional details regarding the reasonable frequency of urine drug screens. With the recommended frequency is determined by

a risk analysis. There is no documentation that his patient is at a significant risk for drug misuse and under these circumstances Guidelines recommend at most annual screening. The urine drug screen is not consistent with Guidelines given the lack of chronic opioid use and given the close proximity to prior testing. The urine drug screen is not medically necessary.