

Case Number:	CM14-0100938		
Date Assigned:	07/30/2014	Date of Injury:	04/15/2011
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
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 Family Practice 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 51 yr. old female claimant sustained a cumulative work injury on 04/15/2011 involving the shoulders, neck and back. She had been on Hydrocodone for pain. A urine drug screen on 1/3/14 was consistent with medications prescribed. The claimant had monthly drug screens for which results are all not dated or provided. According to a prior reviewer note, the claimant had bilateral wrist pain and numbness during a visit on 5/16/14. There were impingement findings in the shoulder. Strength was decreased in the shoulder as well as range of motion. The claimant was given Hydrocodone and Cyclobenzaprine at he visit. A urine drug screen that day, did not detect Hydrocodone despite it being prescribed to the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis to monitor medication compliance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Comp-Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. In addition, although there is aberrancy in the result on the day of the request. There is no information on when the medication was last taken or if the claimant had reduced the intake or completed the prior prescribed dose. There are no clinical notes to substantiate suspicion for abuse. In addition, the claimant had monthly prior screens with no indication of misuse. The request for the urine toxicology screen is not medically necessary.