

Case Number:	CM14-0104762		
Date Assigned:	07/30/2014	Date of Injury:	08/10/2011
Decision Date:	10/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 patient is a 50 year old female who was injured on 08/10/2011 when she fell from tripping over a mat and landed on both her knees. Prior medication history as of 11/27/2013 included Glipizide 20 mg, Toprol XL 25 mg, Tramadol 50 mg, Protonix 40 mg, Metformin 1000 mg, Novoline 14 units, and Flexeril. Toxicology report dated 05/17/2014 Tramadol was out of range and Hydroxybupropion also detected. Progress report dated 06/04/2014 documented the patient to have complaints of pain in the lumbar spine rated as 8/10 and thoracic spine rated as 7/10; bilateral shoulder pain, bilateral wrist pain and elbow pain. The pain is constant and radiated to upper back. The pain is decreased with medications and increased when turning her head. On exam, the neck revealed tenderness to palpation with spasm and active and passive range of motion produced pain. The patient is diagnosed with thoracic spine sprain/strain; lumbar spine sprain/strain; bilateral shoulder rotator cuff tear and degenerative joint disease; bilateral elbow sprain/strain; bilateral wrist carpal tunnel syndrome, bilateral knee meniscal tear and bilateral ankle/feet tenosynovitis. Prior utilization review dated 06/30/2014 by [REDACTED] states the request for chromatography (urine drug screen) is not certified based on the clinical evidence submitted in this report. Patient is not suspected to have illicit drug use, prescription abuse or medication diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography (Urine Drug Screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

Decision rationale: According to the ODG, UDT is recommended for If a patient has evidence of a "High risk" of addiction, if the patient has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. The medical records do not document that the patient is suspected to have illicit drug use, prescription abuse or medication diversion. Therefore, the request is not medically necessary according to the guidelines.