MAXIMUS Federal Services

Case Number:	CM14-0016572		
Date Assigned:	04/11/2014	Date of Injury:	05/03/2011
Decision Date:	05/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Physical 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 44 year old female claimant sustained a work injury on 5/3/11 resulting in cervical strain, bilateral wrist strain, EMG, lumbosacral strain, ulnar neuropathy, and myofacial strain. She also had a past history of diabetes, hypertension, obesity, asthma and sleep apnea. Her pain was managed with Neurontin and Orudic. A urine drug screen on 7/29/13 and 10/29/13 was negative. A urine drug screen on 10/29/13 was positive for Benzodiazepine and consistent with the medications she was taking. On 1/8/14, the claimant had continued elbow pain and acupuncture was ordered. HE Neurontin and Orudic was continued and another urine drug screen was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE SCREEN DOS (1/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Drug Testing page(s) 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening And Opiods Page(s): 83-91.

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. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references and no clinical history of abuse, addiction or non-compliance, an additional urine toxicology screen is not medically necessary.