

Case Number:	CM14-0018252		
Date Assigned:	04/21/2014	Date of Injury:	12/18/1996
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 injured worker is a 67-year-old male who reported an injury on 12/18/96. The mechanism of injury was not provided. The clinical note dated 10/18/13 noted that the injured worker presented with neck pain, bilateral shoulder pain, upper, mid and lower back pain, left knee pain, and right foot pain. Upon examination, the injured worker ambulated with a cane with an antalgic gait, had tenderness over the posterosuperior iliac spine bilaterally, a positive Gaenslen's test, and a positive Patrick's test bilaterally. The diagnoses were chronic pain syndrome, history of cervical spine surgery with residual pain, history of lumbar spine surgery with residual pain, bilateral sacroiliac joint arthropathy, left knee sprain/strain, and right foot injury with residual pain. Prior therapy included injections, surgeries, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE AND DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREENING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be also used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. As such, the request is not medically necessary.