

Case Number:	CM14-0124859		
Date Assigned:	09/16/2014	Date of Injury:	10/29/1990
Decision Date:	10/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

The injured worker is a 66 year old male who is reported to have a date of injury of 10/29/90. The mechanism of injury is not documented. The claimant has chronic low back pain and left hip pain 8.5/10. The injured worker has chronically been maintained on oral medications. The records reflect that he is compliant with his treatment plan. Serial UDS (urine drug screens) are reported to be consistent with his medication prescriptions. UDS are document on 05/17/12, 01/10/13, 07/26/13, 11/15/13, and 01/21/14. The record contains a utilization review determination dated 07/30/14 in which a request for 6 random urine drug screen up to 9 units for one year was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Random urine drug screens up to 9 units, for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addictionUrine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT)

Decision rationale: The submitted clinical records indicate the injured worker is maintained on opiate medications. The records indicate the injured worker is compliant with his treatment plans and serial UDS are reported as consistent. There is no medical need to perform 6 random UDS in a year. As such, medical necessity is not established. The request for 6 random urine drug screens up to 9 units for one year is not supported as medically necessary.