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| Case Number: | CM14-0161378 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 11/20/2011 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 Preventive 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:

According to the records made available for review, this is a 48-year-old male with a 11/20/11 date of injury. At the time (9/2/14) of request for authorization for urine drug screen, there is documentation of subjective (headaches, neck pain, thoracic spine pain, and lumbar spine pain) and objective (tenderness to palpation over the cervical paravertebral muscles, muscle spasms of the cervical paravertebral muscles, positive cervical compression test, positive Kemp's bilaterally, trigger points of paraspinals at the lumbar spine, decreased and painful range of motion, tenderness to palpation over the lumbar paravertebral muscles, muscle spasms of the lumbar paravertebral muscles, positive straight leg raise bilaterally) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain), and treatment to date (activity modification, physical therapy, and medications (including ongoing use of opioids)). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.