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| Case Number: | CM14-0181401 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 10/16/2001 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 New York. 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 62-year-old male who reported an injury on 10/16/2001. The mechanism of injury was not provided. The injured worker's diagnoses were noted to include status post L4-S1 fusion, status post hardware removal and exploration of fusion, and possible instability versus transitional syndrome. The injured worker was noted to have participated in a home exercise program, medications, and activity modifications. On 10/08/2014 the injured worker was noted to have benefitted from his pain medications which decreased his pain from 7/10 to 4/10. A urine drug screen was performed on 10/08/2014 which noted negative results for opioids. The clinical documentation did not specify other medications he was on, nor did it specify the duration he had been on Norco. His medications were noted to include Norco 10/325 mg. The treatment plan was noted to include a urine drug screen, home exercise program, and medications. A request was received for retrospective, urine drug screen, date of service 10/08/2014 without a rationale. A request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Urine Drug Screen, DOS 10/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Retrospective, Urine Drug Screen, DOS 10/8/14 is not medically necessary. According to the California MTUS Guidelines, urine drug screens are recommended to monitor for medication compliance in regard to opioid use. The injured worker was noted to have benefitted from the use of medications in terms of pain relief. However, the clinical documentation did not specify how long the injured worker had been on this opioid, nor did it provide any previous clinical documentation to warrant the need for a urine drug screen, such as the previous urine drug screen or if this was an initial treatment of the medication. In the absence of pertinent clinical documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.