

Case Number:	CM14-0020294		
Date Assigned:	02/26/2014	Date of Injury:	01/26/2011
Decision Date:	08/04/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 patient is a 64-year-old male who has submitted a claim for cephalgia, disc desiccation of the lumbar spine, right knee sprain/strain, right hip sprain/strain, right hip arthritic spurring, insomnia, and adjustment disorder with depressed mood; associated with an industrial injury date of 01/26/2011. Medical records from 2011 to 2014 were reviewed and showed that patient complained of neck and low back pain, graded 4-6/10. Physical examination showed tenderness of the cervical and lumbar paraspinal muscles with spasms and trigger points. Treatment to date has included medications, acupuncture, aquatic therapy, and physical therapy. Utilization review, dated 02/13/2014, denied the request for urine drug screening because there was no sign of aberrant drug behavior and no indication for urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO URINE SAMPLE ON 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug Testing, Opioids Page(s): 43, 89, 94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of neck and low back pain despite medications, acupuncture, aquatic therapy, and physical therapy. However, the medical records submitted for review showed no documentation of current treatment with opioids. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for RETRO URINE SAMPLE ON 1/6/14 is not medically necessary.