

Case Number:	CM14-0020357		
Date Assigned:	04/25/2014	Date of Injury:	10/01/2007
Decision Date:	07/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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 51 year old female who was injured on 10/01/2007 while walking down flight of stairs; she injured her neck, shoulders, back right knee, and right ankle and psych and sleep disorders. She lost her balance causing her to fall down (approximately 6 stairs) landing on her right side. Prior treatment history has included physiotherapy, lumbar support, Fluticasone, Montelukast 10 mg, Clonazepam 2 mg, Levothyroxine 112 mcg, and Motrin which is helpful in reducing sequelae. Drug screen dated 10/15/2013 reveals positive detection for hydrocodone and test performed on 07/09/2013 also reveals positive detection for hydrocodone. Treating physician Initial Evaluation dated 04/26/2013 indicates the patient complains of constant pain in her shoulders rated as 8/10; constant pain in her neck rated as 8/10; constant pain in her lower back rated as 8/10; constant pain in her bilateral, right greater than left, knee, rated 9/10; and constant pain in her bilateral, right greater than left, ankle rated at 5/10. She reports constant pain in her bilateral, right greater than left, left foot. She reports difficulty falling asleep due to pain, waking during the night due to pain, difficulty with sexual functioning, dizziness, headaches, symptoms of anxiety due to pain or loss of work; symptoms of depression due to pain or loss of work; and weight gain since the injury. She has decreased energy levels and numbness with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 11/22/13 FOR CHROMATOGRAGHY, QUANTITATIVE URINE DRUG SCREEN: 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 Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends urine drug screening to assess for the use or the presence of illegal drugs. The ODG recommends urine drug screening as a tool to monitor compliance with prescribed substances or identify undisclosed substances. The medical records document the patient had a positive urine drug screen for hydrocodone in 10/13 and therefore would not warrant repeat testing in 11/13. The Chronic Pain Medical Treatment Guidelines may recommend urine drug screening for monitoring substance intake on a monthly basis only if the patient is considered "high risk." There was insufficient documentation to classify the patient as "high risk" for substance abuse. Further, if indication for urine drug screening was to identify undisclosed substances, there should clinical documentation to support this reasoning; especially one month after a previous screening was performed. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.