

Case Number:	CM14-0026605		
Date Assigned:	06/13/2014	Date of Injury:	10/06/2004
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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:

This is a 56 year old male inmate who was working his job as a janitor when a fight broke out and he was attacked from behind by another inmate. The date of incident was 10/6/04. He was stabbed. He also had a lost right eye, lower back area, skull, and disc-neck and has been accepted by carrier. The patient has had numerous urine drug screens in the past including 2013 with no indication of drug abuse, dependence, or addiction. The patient had positive drug screens for only the medications he was prescribed. The patient is described as depressed, has chronic headaches, and has a right eye prosthesis. There is no description of concern for drug abuse by the treating physicians and there has been no evidence of drug abuse from previous urine drug screens.

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 Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) recommend urine drug screens to assess for the use or the presence of illegal drugs, monitor prescribed medications, and to assess abuse/dependence or addiction. The ODG does not recommend repeat urine drug screens if there is no evidence of drug abuse/dependence or addiction. Previous urine drug screens have been positive for only the patient's prescribed medications, and there are no notes indicating potential drug abuse, dependence or addiction. As such, the request is not medically necessary.