

Case Number:	CM14-0026880		
Date Assigned:	06/13/2014	Date of Injury:	05/13/2013
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
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 Family Medicine and is licensed to practice in Arizona. 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 36 year old male with a date of injury on 5/13/2013. Diagnoses include lumbar sprain, contusion of chest wall, muscle spasm, and lumbago. Subjective complaints are of low back pain. A physical exam shows decreased and painful range of motion of the lumbar spine, normal strength and sensation, and a positive right straight leg raise test. The medications include Percocet, Norflex, and Omeprazole. The records indicate that urine drug screen was ordered on 12/19/13 visit to establish baseline for ongoing care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COMPREHENSIVE DRUG SCREEN DATE OF SERVICE 01/16/14:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREEN.

Decision rationale: The California MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. The ODG recommends use of urine drug screening as

a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and documentation states that this urine drug screen is requested for baseline testing. Urine drug screening is supported by the guidelines and clinical documentation. Therefore, this request for urine drug screening is medically necessary.