

Case Number:	CM14-0027282		
Date Assigned:	03/07/2014	Date of Injury:	01/26/2011
Decision Date:	04/23/2014	UR Denial Date:	02/12/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 reported injury on 01/26/2011. The mechanism of injury was not provided. The documentation of 01/2014 requested the urine drug screen. The appeal documentation of 02/27/2014 revealed the physician opined urine drug screens are an option to assess for the presence of illegal drugs and to take before therapeutic trial of opioids as well as ongoing management of opioids differentiation, dependence, and addiction steps to avoid misuse and addiction. It was indicated the patient must followup with a monthly urine drug screen test due to the pain contract and the medications prescribed. The documentation submitted for review indicated the patient was prescribed Nucynta. The patient's diagnoses included low back pain, radiculopathy left lower extremity, neuropathic pain, herniation disc lumbar spine, left shoulder strain and impingement syndrome, partial rotator cuff tear left shoulder, and depression. The request was made for a urine drug screen for 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (DOS: 01/28/2014): Upheld

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 ONGOING MANAGEMENT Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review in appeal indicated the patient would be having monthly urine drug screen testing due to the pain contract with the physician and the medications prescribed. However, there was a lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control. Additionally, no prior notes nor urine drug screens were attached for review prior to 01/2014. Given the above, the request for urine drug screen date of service 01/28/2014 is not medically necessary.