

Case Number:	CM14-0032559		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2012
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 injured worker is a 39 year old female who sustained an injury on 02/13/13. No specific mechanism of injury was noted. The injured worker was being followed by a treating physician. Per the reports from the treating physician, the injured worker was utilizing Robaxin and Motrin. No other medications were documented. The clinical record from 12/09/13 noted limited range of motion in the cervical spine on flexion. Ibuprofen and Methocarbamol were continued at this visit and the injured worker was prescribed a door traction unit. No other risk factors for medication abuse or non-compliance were provided. The requested drug prescription drug management including urinalysis was denied by utilization review on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug Management (Urinalysis): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, urine drug screen.

Decision rationale: In regards to the requested prescription drug screen management and urinalysis, this reviewer would not have recommended this request as medically necessary. There is insufficient documentation supporting the need for urine drug screens in this case. This injured worker is not being actively prescribed any controlled substances such as narcotics benzodiazepines or other analgesics. There is no indication from the records that the injured worker has increased risk factors for medication non-compliance or abuse. Given the lack of any clear clinical indications for the need for urine drug screening for medication management, this reviewer would not recommend this request as medically necessary.