

Case Number:	CM14-0034073		
Date Assigned:	07/28/2014	Date of Injury:	02/13/2004
Decision Date:	09/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 Emergency 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 54-year-old female who reported an injury on 02/13/2004 due to a fall down the stairs. On 05/19/2014, the injured worker presented with neck pain, headaches, and pain radiating to the bilateral shoulders and tingling in the bilateral hands into the fingers. There were also reports of mid and low back pain. Diagnoses were osteoarthritis of the bilateral knees, tear of the medial meniscus of the bilateral knees, disc bulges from L3-4 and T12-L1, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the thoracic spine, status post arthroscopy with partial medial meniscectomy of the right knee, and tear of the rotator cuff of the right shoulder. Prior treatments included medications and surgery. The provider recommended a retrospective review for urine drug screen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Urine Drug Test, page 43. The Expert Reviewer's decision rationale: The request for retrospective review for urine drug screen was not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and other screenings for risk of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. Additionally, the provider's request is for a retrospective urine drug screen; however, there is no date of service provided. As such, medical necessity has not been established.