

Case Number:	CM14-0035228		
Date Assigned:	06/23/2014	Date of Injury:	02/11/2011
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 2/11/11. A utilization review determination dated 2/24/14 recommends non-certification of UDS chromatography, quantitative. 2/13/14 comprehensive drug panel noted that no drugs were prescribed and none were detected. 2/26/14 medical report identifies neck pain. The patient refrains from taking pain medications. Diagnostic cervical ESI was recommended, but no medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Chromatography, Quantitative: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a Urine Drug Screen Chromatography, Quantitative, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug

testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no indication of current use and/or a plan for prescription of any medications of potential abuse, nor is there any documentation of suspected illicit drug use or another clear rationale for drug screening. Furthermore, there is no documentation of inconsistent point of contact testing or another rationale for laboratory confirmation with quantitative chromatography. In the absence of such documentation, the currently requested Urine Drug Screen Chromatography, Quantitative is not medically necessary.