

Case Number:	CM14-0035506		
Date Assigned:	06/23/2014	Date of Injury:	03/12/2009
Decision Date:	10/03/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/23/2014

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 Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on March 12, 2009. The mechanism of injury was not listed in these records reviewed. There were no progress notes or physical examination findings presented for review. Diagnostic imaging studies were not presented. Previous treatment included multiple medications and pain management interventions. A request had been made for urine drug screening and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One retrospective urinalysis drug screening between 9/26/2013 and 9/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 78.

Decision rationale: As outlined in the MTUS, periodic drug screening can be supported if there is a clinical indication(s) such as issues with abuse, addiction, poor pain control, intoxication or drug diversion. There were no progress notes presented for review to support the efficacy or indication for such a study. The findings of a study completed in 2013 do not wholly

commensurate with the medications reportedly being prescribed. Therefore, based on the lack of clinical information, the medical necessity for this study cannot be established.