

Case Number:	CM14-0036076		
Date Assigned:	06/23/2014	Date of Injury:	10/27/2011
Decision Date:	09/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

The patient is a 59 year old female who was injured on 10/27/2011 while assisting with a client in bathing. As the client started to fall to one side she attempted to support. Urine drug screening dated 03/22/2014 indicated tramadol was not detected but reported as prescribed. UDS dated 11/05/2013 did not detect tramadol which was reported as prescribed. Note dated 03/20/2014 states the patient complained of a flare-up that was moderate to severe neck and upper back and low back pain with associated muscles spasms, radiating to into her shoulder blades, arms, buttocks, hips, as well as occasionally into her bilateral lower extremities, right worse than left. On exam, there is 2+ tenderness with 1+ muscles spasms noted. Range of motion was decreased on flexion, extension, lateral bending bilaterally in the neck and back regions secondary to pain. There is 1+ tenderness to palpation also noted over the right SI joint. She has positive straight leg raise and Lasegue's tests, eliciting sciatica/radicular pain distally into the patient's right leg and right foot. She is diagnosed with cervical sprain/strain wit myofasciitis; thoracolumbar sprain/strain wit myofasciitis; sacroilitis; lumbar radiculitis/sciatica. She is recommended for a urine drug screening for which there is no indication. There is evidence of urine drug screen on 6/8/13, 7/21/13, 8/24/13, 11/5/13, 12/9/13, 1/12/14, 2/23/14, 3/22/14, 5/5/14 and 6/19/14. Prior utilization review dated 03/11/2014 states the request for Retro: ongoing urine drug screens; 10/03/2013, 12/11/2013 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: ongoing urine drug screens; 10/03/2013, 12/11/2013: 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 Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,Urine Durg Testing.

Decision rationale: As per California MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the medical records are limited and it is unclear as to why the IW had frequent urine drug test (11 times from 6/8/13 to 6/19/14). Furthermore, it is not clear why the IW had been prescribed Tramadol on a regular basis despite negative urine drug test. Moreover, there is no evidence of any illicit drugs in the urine drug test. There is no documentation of any aberrant behavior or drug diversion. Therefore, frequent urine drug screen sooner than 6 months period is not medically necessary and is not medically necessary.