

Case Number:	CM14-0039354		
Date Assigned:	06/27/2014	Date of Injury:	07/10/2009
Decision Date:	07/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 61-year-old female. The patient's date of injury is July 10, 2014. The mechanism of injury was a car/van accident, when the patient was in the passenger seat. The patient has been diagnosed with abdominal pain, heartburn, functional digestive disorder, sleep disturbance, lumbar disc displacement, lumbar sprain, and lumbosacral neuritis. The patient's treatments have included aquatic therapy, medications, imaging studies, transcutaneous electrical nerve stimulation (TENS) unit, and pain management. The physical exam findings, dated June 4, 2014, show the patient is alert and oriented, pleasant and cooperative, and well nourished. Cardiovascular and lung exam were reported as regular rate and rhythm, and clear to auscultation. The extremities exam is noted as no clubbing, cyanosis or edema. The exam findings of May 20, 2014 show that she had an antalgic gait on the right, a decreased normal lordosis, moderated tenderness to palpation and spasm over the cervical paraspinal muscles, a positive Spurling's test and facet tenderness to palpation at the C3 through C7 levels. The patient's medications have included, but are not limited to, Linzess, Prilosec, Citrucel, Miralax, topical creams, Norco, Flexeril, and Xanax. The request is for a retrospective urine drug screen of 1/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (RETROSPECTIVE REVIEW FOR DATE OF SERVICE: 1/23/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 76-77.

Decision rationale: The CA MTUS guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for urine drug test of 1/23/2014. The patient is currently taking controlled medications. The MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presents of illegal drugs, and during on-going management. The patient has had previous drug screening test which showed that she did not have Xanax in her urine. The documentation states that she would undergo a repeat drug test to ensure compliance with this medication, and to monitor for other illegal medications. According to the clinical documentation provided and the MTUS guidelines, the retrospective urine drug screen, as requested, is indicated a medical necessity to the patient at this time.