

Case Number:	CM14-0045161		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2008
Decision Date:	08/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 52-year-old male who reported injury on 08/06/2008. The documentation of 02/17/2014 revealed the injured worker was taking multiple medications including Hydrocodone/APAP 10/325. The treatment plan included a urinalysis and physical therapy. The physical examination revealed the injured worker had complaints of frequent, constant, stabbing, burning neck pain, stiffness, heaviness, and weakness. The injured worker complained of constant, severe, stabbing, burning upper, mid, and low back pain, stiffness, and heaviness. The diagnoses included degeneration of cervical intervertebral disc, thoracic myalgia, and lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen for Date of Service (DOS) 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when an injured worker has documentation of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to provide documentation of the above. Additionally, there was no documentation dated 02/14/2014 to support a urine drug screen for that date of service. The requested date of service per the physician documentation was dated 02/17/2014. There was a lack of documentation for an additional request for 02/14/2014 given the above, the request for urine drug screen for date of service 02/14/2014 is not medically necessary.