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| Case Number: | CM14-0047389 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 Geriatrics and is licensed to practice in New York. 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 59 year old woman with a date of injury of 2/11/13. She was seen by her physician on 1/21/14. She complained of cervical and lumbar spine pain, myospasm and loss of range of motion. Her pain was said to have remained the same. Her physical exam showed limited range of motion of her lumbar spine due to pain and negative straight leg raises. Her diagnoses were lumbar and cervical sprain/strain. She was to continue to take Norco for pain and she was awaiting an epidural injection. She had a prior urine drug / toxicology screen on 11/11/13. At issue in this review is retrospective coverage for a urine drug screen obtained 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(DOS) 01/21/14 Urine Drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids, page(s) 43, 77, 78 Page(s): 43,77,78.

Decision rationale: This injured worker has a history of chronic pain and is using Norco for pain control. Urine drug screening may be used at the initiation of opioid use for pain management

and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed narcotics and medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.