MAXIMUS Federal Services

Case Number:	CM14-0057005		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2011
Decision Date:	08/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 and Washington. 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 53-year-old female who reported an injury 06/01/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/03/2014 indicated diagnoses of lumbar spine sprain/strain, lumbar spine disc protrusions, cervical spine sprain/strain, cervical spine disc protrusion, and myospasms. The injured worker reported upper back and lower back pains that were intermittent rated 6/10. The injured worker reported the upper back pain increased when driving and decreased with resting and the lower back pain increased when bending or lifting and decreased with resting. The injured worker reported her pain was well controlled with medication. On physical examination of the cervical spine, there was tenderness to palpation with spasms of the cervical paraspinals and bilateral rhomboid muscles and tenderness to palpation of the C5, C6, and C7 spinous processes with limited range of motion secondary to pain. The thoracolumbar spine examination revealed tenderness to palpation with spasms of the paraspinals with limited range of motion secondary to pain. The injured worker's prior treatments included medication management. The injured worker's medication regimen included naproxen, diazepam, Pantoprazole, and transdermal compounds. The provider submitted a request for urine drug screen collected and sent to lab 04/03/2014. A request for authorization was not submitted for review to include the date the treatment was requested

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen collected and sent to lab on April 3, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-/Treatment in Workers Compensation/Pain/Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43 Page(s): 43.

Decision rationale: The request for Urine Drug Screen collected and sent to lab on April 3, 2014 is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker had displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, it was not indicated when the last urine drug screen was performed. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for urine drug screen collected and sent to lab is not medically necessary.