

Case Number:	CM14-0070325		
Date Assigned:	07/25/2014	Date of Injury:	09/09/2011
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63 year old male, with a reported date of injury on 09/09/2011. The mechanism of injury was not provided in the records received for review. The diagnoses included right knee osteoarthritis and myofascial pain syndrome. There were no diagnostic studies and surgical history noted in the records. Prior treatments included use of a TENS unit. A urine drug screen was performed on 03/19/2014 which was negative for all substances including the injured worker's prescribed medications. The injured workers subjective complaints on 06/18/2014 included lumbar spine pain, right leg numbness with tingling, and left hand pain. The physical examination showed positive right knee mcmurray's test, positive right carpal tunnel compression test, and a positive bilateral Spurling's test. The injured worker's medication regimen included Voltaren XR 100mg daily, Neurontin 600mg three times a day, Flexeril 7.5mg three times a day, and Lidocane patch 1 patch daily. The plan was for a urine drug screen. The rationale for the urine drug screen was not provided in the records received for review. The request for authorization form was dated on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,78. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 and 78.

Decision rationale: The request for urine drug screen qty 1 is non-certified. The injured worker has chronic pain, repetitive strain injuries on right and left upper extremities. A urine drug screen was performed on 03/19/2014 which was negative for all substances including the injured worker's prescribed medications. The California Chronic Pain Medical Treatment Guidelines recommend use of drug screening for issues of abuse, addiction, poor pain control or using a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence within the clinical notes that the patient has any issues with abuse, addiction or suspicions of illegal drug use. The patient is not noted to be prescribed any opioid pain medications currently. The requesting physician's rationale for the request is not indicated within the documentation. As such, this request is not medically necessary.