

Case Number:	CM14-0077500		
Date Assigned:	07/18/2014	Date of Injury:	02/10/2009
Decision Date:	08/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 claimant is a 59 year old female who sustained an industrial injury on 02/10/2009. The mechanism of injury was not provided for review. Her diagnoses include low back pain, right groin and right leg pain, depression, and anxiety. On physical exam she has tenderness over the right lateral pubic bone with reproduction of pain to the inner thigh and vagina, tenderness of the right SI joint including the greater trochanter, and active range of motion, but pain with motion. Treatment has included medical therapy with opiates, nerve blocks, and neurolytic nerve phenol injections. The treating provider has requested a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 page 43 (pdf format) Page(s): 43.

Decision rationale: There is no specific indication provided for the requested urine drug screen. Per the reviewed guidelines, a UDS may be appropriate in the clinical settings for various reasons, including but not limited to chronic pain management and addictionology. The test

ordered should be focused on detecting the specific drug(s) of concern. Frequency of testing should be at the lowest level to detect the presence/ absence of drugs of concern bearing in mind the pharmacodynamics for which the drug is being screened. There is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. The documentation indicates the patient has had at least 6 urine drug screens since 09/05/2013 and the documentation revealed that the patient had monthly urine drug tests from 10/12 through 4/13. There is no mention of aberrant drug use and the non-detection of prescribed Soma since 11/1/13 has not been addressed. Medical necessity for the requested item has not been established. Such as, a Urine Drug Screen (UDS) is not medically necessary.