MAXIMUS Federal Services

Case Number:	CM14-0093996		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2009
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with date of injury 5/20/09 that occurred when she slipped and fell at work. The treating physician report dated 4/24/14 indicates that the patient presents with chronic pain affecting the neck and back that is moderate to severe. The physical examination findings reveal diminished sensation down the left arm, decreased cervical range of motion and normal reflexes. Current medications listed are Diclofenac and Omeprazole. The current diagnoses are: Cervical strain, Bilateral upper extremity radiculitis, Lumbar strain rule out disc herniation, Bilateral lower extremity radiculitis, and Depression. The utilization review report dated 6/4/14 denied the request for retrospective urinalysis based on lack of medical necessity and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toxicology Urinalysis (DOS 4/28/2014): Upheld

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

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

Decision rationale: The patient presents for evaluation of chronic pain affecting the cervical and lumbar spine. The treating physician report dated 4/24/14 states, "Drug Testing: Recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs and to take before a therapeutic trial of opioids, as well as on-going management of opioids differentiation, dependence and addiction, steps to avoid misuse/addiction." The physician in the same report states that the patient is prescribed Diclofenac and Omeprazole. The MTUS Guidelines state drug testing is recommended as an option; using a urine drug screen to assess for the use or the presence of illegal drugs. However, this is for opiate use and monitoring, and this patient is not prescribed any opiates. There would be no reason for a drug screening since opiates are not being prescribed. As such, the request is not medically necessary.