

Case Number:	CM14-0018745		
Date Assigned:	04/18/2014	Date of Injury:	05/13/2013
Decision Date:	02/09/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty 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 55 year old man with a date of injury of 5/13/13. He was seen by his primary treating physician on 10/24/13 with complaints of low back left shoulder/arm/elbow/hand and wrist pain and knee instability. He felt he could resume sedentary work at that time. His exam showed 2+ left medial and lateral knee tenderness and swelling. Sensation of the right lower extremity was intact. His diagnoses were lumbar spine strain, left shoulder/arm/elbow/forearm/wrist/hand strain and left knee instability. He had a urine drug screen completed on 9/5/13 which was negative and 'consistent'. At issue in this review is the request for a retrospective review of outpatient urine analysis (UA) drug screen to include gas chromatography/mass spectrometry X37, opiates X6, creatinine X1, and urinalysis X1, for date of service 11/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of outpatient urine analysis (UA) drug screen to include gas chromatography/mass spectrometry X37, opiates X6, creatinine X1, and urinalysis X1, for date of service 11/04/13: Upheld

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

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

Decision rationale: This injured worker has a history of chronic pain since 2013. Per the guidelines, 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 been negative and 'consistent'. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.