

Case Number:	CM14-0186819		
Date Assigned:	11/14/2014	Date of Injury:	04/18/2014
Decision Date:	01/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine, has a subspecialty in Pain Medicine and Manipulation 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:

According to the medical records the patient is a 42-year-old female who sustained an industrial injury on April 18, 2004. The patient reports that on the date of the injury she was pulling a heavy cart. She is currently followed for chronic tendinitis and lateral epicondylitis. She was seen on October 2, 2014 at which time she was prescribed Anaprox, Prilosec, and Ultram ER. Urine drug screen was also performed. Utilization review was performed on November 6, 2014 at which time the request for Anaprox and Prilosec was certified. The request for Ultram ER was certified and recommendation was made for weaning. The request for urine drug screen was retrospectively noncertified. It was noted that there is no documentation of concerns over illicit drug use or noncompliance with prescription medications. There was also no documentation of the dates of the previous drug screens over the past 12 months and what those results were and any potential related actions taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug screen 10/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test; Opioids Criteria for use Page(s): 43; 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that is the case with this patient. The medical records also do not address if the patient has undergone prior urine drug screens, and if so the date and the results. As such, urine drug screen on October 2, 2014 is retrospectively not medically necessary.