

Case Number:	CM14-0199781		
Date Assigned:	12/10/2014	Date of Injury:	04/17/2012
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency Medicine 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:

This is a 33 year-old female with a work related injury dated April 17, 2012. At the October 1, 2014 physician's visit, the worker was complaining of pain in the cervical, thoracic and lumbar spine. Pain was reported severe in nature. Pain was rated 8.5 on a scale of ten without her medications and 6.5 with medications. With the medications the worker reported being able to complete more of her activities of daily living. Pain medication referenced in this visit was Voltaren. Additional complaints included hair loss, constant aches and upset gastrointestinal symptoms. Pain was reported to be worse with walking and rotation. Physical exam was remarkable for cervical spine pain with neck extension, range of motion limited due to pain with certain movements, tenderness at the left and right lumbar region. Diagnoses at this visit included thoracic spine sprain and chronic lumbar strain. An authorization request dated October 20, 2014 request a urine drug screen. Diagnosis documented on the authorization was chronic lumbar pain, thoracic and cervical pain and radiculopathy. The utilization review decision dated October 27, 2014 non-certified the request for a urine drug screen. The rationale for non-coverage given was based on the California MTUS Chronic Pain Medical Treatment Guidelines. A urine drug screen is used to assess for the use or presence of illegal drugs. The documentation that was reviewed did not indicate the worker was taking opiates or narcotics nor was there any indication that there was a concern for drug abuse or misuse. The guidelines only support either urine drug testing for workers who are going to be started on or who is already using around the clock opiates, based on this documentation, the request for a urine drug screen was therefore non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screening: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient is not noted to be on any opioids and is only on NSAIDs and gabapentin. There is no documentation of any suspicions of drug abuse or justification for Urine Drug Screening. Drug Screening is not medically necessary.