

Case Number:	CM14-0203649		
Date Assigned:	12/16/2014	Date of Injury:	01/07/2013
Decision Date:	03/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 59-year-old female who reported an injury on 01/07/2013. The mechanism of injury was due to a fall and lifting. The documentation of 11/21/2014 revealed the injured worker was in the clinic for a routine followup. Prior therapies included opioid analgesics and muscle relaxants. The documentation indicated the medications were not being filled and per the injured worker, this was making the injured worker's condition worse. The pain level was 10/10. The physical examination revealed the injured worker refused all range of motion. The diagnosis was back pain. The pain control was noted to be inadequate. The injured worker was noted to be not getting all medications per the CURES report. The treatment plan included a refill of medications and a urine drug screen. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Guidelines recommend urine drug screens when injured workers have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review indicated the injured worker had poor pain control due to no medications. The request as submitted failed to indicate a date for the requested urine drug screen. Given the above, the request for a urine drug screen is not medically necessary.