MAXIMUS Federal Services

Case Number:	CM14-0205306		
Date Assigned:	12/17/2014	Date of Injury:	02/22/2010
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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
Certification(s)/Specialty: Internal 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 57 year-old female, who was injured on February 22, 2010, while performing regular work duties. The injured worker sustained the injury to the lumbosacral region while trying to prevent a patient from falling out of a wheelchair. The records reflect the injured worker has received treatment including medications, back surgery, left knee surgery, and aquatic therapy. The most recent evaluation on December 10, 2014, indicates the objective findings as "status quo". The records do not indicate the injured worker had a problem with abusing medications. The request for authorization is for a urine drug screen. The primary diagnosis is lumbosacral neuritis. On December 2, 2014, Utilization Review, non-certified the request for a urine drug screen, based on MTUS, Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen DOS: 10/21/214: Overturned

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 testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient is status post lumbar spine surgery that was performed June 2012. The medical records indicate the use of opioid medications. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine drug screen is medically necessary.