

Case Number:	CM14-0030570		
Date Assigned:	06/23/2014	Date of Injury:	05/01/2010
Decision Date:	01/15/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Practice 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:

The medical records indicate that the patient is a 60-year-old male who sustained an industrial injury on May 1, 2010. Psychiatric evaluation dated July 11, 2013 diagnosed the patient with adjustment disorder with mixed anxiety and depressed mood, left shoulder pain, right knee pain, left upper extremity pain and problems with occupation/economics/legal issues. This report indicates that the patient denies any illicit drug use or chronic alcohol use. Utilization review was performed on February 12, 2014 at which time urine tests for drug screen on October 15, 2013 was non-certified. During a peer-to-peer discussion, the physician stated that the test was ordered to see if the patient is taking the medication as he had indicated the medication is not working. The utilization review physician noted that however the treating physician did not provide a rationale for performing chromatography for 53 different medications. It was noted that only citalopram was detected on the test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. Furthermore, as noted by the prior peer reviewer, chromatography for multiple medications would not be supported. As such, the request for urine test for drug screen is retrospectively not medically necessary.