

Case Number:	CM15-0000120		
Date Assigned:	01/09/2015	Date of Injury:	07/31/2013
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old female, who sustained an industrial injury 07/31/2013. She had reported that she tripped and fell in a field, rolling forward and landing on her right side, hitting her face, neck, right shoulder, back, and right knee and experiencing pain to these areas. The injured worker was diagnosed with lumbar discogenic disease with bulging disc at lumbar four to five and lumbar five to sacral one; cervical discogenic disease with neurological loss at cervical five, six, and seven; right shoulder superior labrum anterior and posterior tear versus rotator cuff tear; and right knee internal derangement. Treatment to date has included physical therapy, multiple epidurals, urine drug screens, and a medication history of Ibuprofen, Hydrocodone, Gabapentin, Omeprazole, Soma, Naproxen, Cyclobenzaprine, Ketoprofen cream, and Tramadol. Currently, the injured worker complains of severe low back pain. The treating physician requested a urine drug screen to document the appropriate use and compliance of the injured worker's medication regimen. There was a prior urine drug screen completed on 10/1/14. On 12/04/2014, Utilization Review non-certified retrospective outpatient drug screen (UDS) with a date of service of 11/10/2014 noting the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Drug Testing and Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen (UDS) DOS 11/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77-78.

Decision rationale: This injured worker has a history of chronic pain since 2013. The worker has had various treatment modalities and use of medications including opioids. Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has been completed with negative results. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.