

Case Number:	CM15-0001221		
Date Assigned:	01/12/2015	Date of Injury:	07/11/1998
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Family Practice

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 sustained an industrial injury on July 11, 1998. She has reported injury to the cervical and lumbar spine. The diagnoses have included lumbar postlaminectomy syndrome, cervical herniated nucleus pulposus with right upper extremity rediculopathy, severe reaction with depression and anxiety, medication induced gastritis and right hip internal derangement and trochanteric bursitis. Treatment to date has included surgery, medications and diagnostic studies. Currently, the IW complains of intense pain and noted she is taking more medication than prescribed sometimes to simply get out of bed. The areas of pain were not indicated. She stated that the medication reduces her pain from as high as a 9 on the 1-10 pain scale down to a 3. With medication, she is able to perform some activities of daily living such as cooking, self care, bending forward and brushing her teeth. Without the medication, she is bedridden and relies on others. On December 17, 2014, Utilization Review non-certified one random urine drug screen as outpatient for chronic lumbar and cervical pain, noting the ODG and Evidence Based Guidelines. On January 5, 2015, the injured worker submitted an application for one random urine drug screen as outpatient for chronic lumbar and cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 random urine drug screen: 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 screens Page(s): 43.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above. Therefore, the request is not medically necessary.