MAXIMUS Federal Services

Case Number:	CM15-0009825		
Date Assigned:	01/27/2015	Date of Injury:	10/10/2012
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: Preventive Medicine, Occupational 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 sustained an industrial injury on 10/10/12. The injured worker reported symptoms in the back. The diagnoses included myofascial sprain and strain of lumbosacral spine, degenerative disc disease of lumbosacral spine, and muscular ligamentous strain. Treatments to date have included home exercise program, stretching, chiropractic treatment, transforaminal epidural injection, and transcutaneous electrical nerve stimulation. Provider documentation dated 11/13/14 noted the injured worker presents with lower back pain described as "intermittent sharp, throbbing, dull, aching and muscle pain", the treating physician is requesting Retrospective request for Urinalysis without microscopy, Dihydrocodeinone, Dihydromorhin, Creatinine, Immunosassay, Acetaminophen, Benzodiazepines, Nicotine and Opiates.On 1/7/15, Utilization Review non-certified a request for Retrospective request for Urinalysis without microscopy, Dihydrocodeinone, Dihydromorhin, Creatinine, Immunosassay, Acetaminophen, Benzodiazepines, Nicotine and Opiates. The MTUS, ACOEM Guidelines, (or ODG) 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 U/A without microscopy, Dihydrocodeinone, Dihydromorhin, Creatinine, Immunosassay, Acetaminophen, Benzodiazepines, Nicotine and Opiates:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing sectionOpioids Criteria for Use section Page(s): 43. 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control.The injured worker is reported to taking ibuprofen, xanax, Nexium, Flonase and vitamin D3. There is no report of concern for aberrant drug behavior. The injured worker is not prescribed opioid pain medications. The requesting physician reports that random urine drug screening was done, but there is no rationale of why this was done. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for Retrospective request for U/A without microscopy, Dihydrocodeinone, Dihydromorhin, Creatinine, Immunosassay, Acetaminophen, Benzodiazepines, Nicotine and Opiates is determined to not be medically necessary.