

Case Number:	CM15-0137654		
Date Assigned:	07/27/2015	Date of Injury:	09/27/2003
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 59-year-old woman sustained an industrial injury on 9/27/2003. The mechanism of injury is not detailed. Diagnoses include right knee osteoarthritis, left compensatory knee pain, and cervical degenerative disc disease with bilateral upper extremity radiculopathy, myofascial spasm, and right shoulder osteoarthritis. Treatment has included oral and topical medications and iontophoresis. Physician notes dated 2/23/2015 show continued complaints of bilateral knee pain. Recommendations include urine drug screen, Norco, Gabapentin, Motrin, Voltaren gel, iontophoresis, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective drug screen DOS 1-19-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids 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. In this case, there is no documentation of previous drug screens. Additionally, there is no indication that the provider perceives this injured worker as a high risk individual, therefore, the request for retrospective drug screen DOS 1-19-15 is determined to not be medically necessary.