

Case Number:	CM15-0142857		
Date Assigned:	08/03/2015	Date of Injury:	03/08/2012
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Emergency 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 3-8-2012. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having neck sprain-strain, cervical 6 nerve root impingement, left shoulder capsulitis, bilateral knee pain and low back pain with sprain-strain. Treatment to date has included physical therapy and medication management. In a Qualified Medical Evaluator note dated 5-13-2015, the injured worker complains of neck pain primarily on the left side and trapezius and periscapular areas, left shoulder pain, left low back pain and left knee pain. Physical examination showed cervical paraspinal tenderness with decreased range of motion and left lower back and left knee tenderness. The treating physician is requesting Retrospective outpatient comprehensive custom adulteration check drug screen date of service 6-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient comprehensive custom adulteration check drug screen DOS 6-2-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Provider appears to be monitoring CURES and has an opioid pain contract. However, the provider has failed to document when last UDS was done and what the results were. The provider has failed to document why a custom adulteration check drug screen was needed and not a basic urine drug screen. The request is not medically necessary.