

Case Number:	CM15-0169190		
Date Assigned:	09/09/2015	Date of Injury:	08/15/2009
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old male who sustained an industrial injury on 8-15-09. The injured worker reported pain in the neck, back, right elbow and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy, lumbar stenosis, osteoarthritis, sprain strain elbow-forearm, chondromalacia of patella and chronic pain syndrome. Medical records dated 8-10-15 indicate a pain rating of 9-10 out of 10 without medication use and 6 out of 10 with medication use. Provider documentation dated 8-10-15 noted the work status as retired. Treatment has included medial branch block (6-29-15), gabapentin, OxyContin, Percocet, Voltaren, Zolpidem, physical therapy and a home exercise program. Objective findings dated 8-10-15 were notable for decreased right elbow range of motion with moderated tenderness to palpation, tenderness to palpation to the lower lumbar facet joints on the left side. Provider documentation dated 6-3-15 noted the "patient with UDS consistent with prescribed medications." The original utilization review (8-21-15) denied a retrospective review for date of service 8-10-15 for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service 8/10/15 for Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behaviour for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request is not medically necessary.