MAXIMUS Federal Services

Case Number:	CM15-0188206		
Date Assigned:	09/30/2015	Date of Injury:	05/04/2010
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia
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 48 year old female, who sustained an industrial injury on 5-4-10. Medical records indicate that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus, lumbar spine stenosis, left shoulder impingement syndrome with acromioclavicular joint pain, right greater than left knee strain with medial mechanical symptomology, right elbow lateral epicondylitis, right ankle lateral gutter syndrome, insomnia, anxiety and depression. The injured worker is currently not working. On (7-24-15) the injured worker complained of intermittent right shoulder pain, which radiated to the neck, right elbow and wrist pain, occasional right knee pain, constant swelling and pain in the right ankle and constant low back pain. Objective findings revealed lumbosacral and superior iliac crest tenderness. Lumbar range of motion was decreased. Motor strength and sensation were normal. Right ankle examination revealed tenderness over the lateral malleolus, calcanofibular ligament and peroneal tendons. Right knee examination revealed tenderness over the lateral and medial joint lines. The cervical spine was positive for pain and stiffness. A urine drug screen was performed to monitor the injured workers compliance with prescription medications. There is no documentation of aberrant behavior noted. Treatment and evaluation to date has included medications, radiological studies, right shoulder arthroscopy (2010) and a lumbar fusion on 3-3-15. Current medications include Lisinopril. A complete medication list was not provided in the medical records. The request for authorization dated 8-12-15 included a request for a 6 panel urine drug screen. The Utilization Review documentation dated 8-27-15 non-certified the request for a 6 panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 panel urine drug screen x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time in the quantity requested and the request is therefore not medically necessary.