

Case Number:	CM15-0023003		
Date Assigned:	02/12/2015	Date of Injury:	07/14/1998
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York
 Certification(s)/Specialty: Family Practice

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 53-year-old female, with a reported date of injury of 07/14/1998. The diagnoses include status post concussion, with continued headaches; herniated disc at C5-6 and C6-7, status post cervical fusion, left shoulder strain, and low back pain. Treatments have included oral pain medications, physical therapy, massage, epidural steroid injection for the neck and back, and acupuncture. The medical report dated 12/04/2014 indicates that the injured worker complained of headaches and nerve pain in the legs. It was noted that the knee had improved. She rated her pain 4 out of 10 with medications and 8 out of 10 without medications. With medications the injured worker was able to sit 5-10 minutes, and stand for about 10 minutes. The treating physician requested a urine drug screen. No rationale for the request was indicated. On 01/28/2015, Utilization Review (UR) denied the retrospective request for a urine drug screen (date of service: 12/04/2014). The UR physician noted that there was no documentation of the provider's concern over the injured worker's use of illicit drugs or non-compliance with prescription medications, and no documentation of the dates of the previous drug screening over the past twelve months, nor what the results were and any potential related actions taken. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered medically necessary. Her medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.