

Case Number:	CM15-0085918		
Date Assigned:	05/08/2015	Date of Injury:	06/01/2007
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 6/01/2007. Diagnoses include post-traumatic osteoarthritis, discogenic low back pain and myofascial pain syndrome. Treatment to date has included diagnostics and medication. Per the Orthopedic Exam Report dated 4/08/2015, the injured worker reported low back pain and right knee pain. Physical examination of the lumbosacral spine revealed bilateral flank and medial low back tenderness. There was reported 5/10 pain located in the buttocks affected side. Examination of the right knee revealed no swelling, tenderness or warmth. There were normal reflexes and coordination. The plan of care included medications and authorization was requested for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. The injured worker had a urine drug screen authorized in January 2015 but there are no results provided for review. The medical reports do not provide rationale or establish medical necessity of urine drug screen just four months following the previous one. The request for urine drug screen is determined to not be medically necessary.