

Case Number:	CM15-0088624		
Date Assigned:	05/12/2015	Date of Injury:	07/23/2007
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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 62-year-old female, who sustained an industrial injury on 7/23/2007. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include diabetes, sleep disorder, blurred vision, a psychiatric diagnosis and post-lumbar laminectomy pain syndrome, status post lumbar fusion in 2010, chronic left leg weakness, and bilateral lumbar radiculitis. She is also status post left shoulder arthroscopy in 2010. Patient had a urine drug screen on 11/21/14, 1/7/15, 2/18/15 that was appropriate. Currently, she complained of low back pain rated 8/10 VAS with radiation down lower left extremity. She reported improved sleep and unchanged episodic blurred vision. The medical records indicated Ultram 50mg was prescribed for pain. On 2/18/15, the physical examination documented no acute findings. The medical records included a drug adherence report dated 1/7/15. The plan of care included a 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 Drug Testing, Opioids Page(s): 43, 94.

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. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Pt has been receiving multiple urine drug screens within a short time period for unknown reasons. Patient had a urine drug screen on 11/21/14, 1/7/15, 2/18/15 that was appropriate. Patient is only noted to be on ultram. Multiple urine drug screens in patients at low risk of abuse of inappropriate. Urine drug screen is not medically necessary.