

Case Number:	CM14-0018585		
Date Assigned:	04/18/2014	Date of Injury:	08/03/2010
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury to her right ankle, shoulder, neck, and low back from a trip and fall on 08/27/2002. Within the clinical note dated 08/15/2013 the injured worker had a documented prescription list that included Norco 10/325mg, Valium 5m, Amrix 15mg, and Pristiq 50mg. The injured worker reported back and ankle pain that rated 6/10. The physical exam reported pain with range of motion and palpation in the ankle and thoracic spine. The request for authorization was not found within the submitted documents.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for a urine drug screen is non-certified. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show the injured

worker has been prescribed opioids recent enough to be present upon urine drug screening. Within the provided documentation it was unclear when the injured workers last urine drug screen was performed; therefore, it cannot be determined if the urine drug screen was congruent with the guideline recommendations. It did not appear the injured worker was at risk for medications misuse or displayed aberrant behaviors. Thus, the drug test would not be medically unnecessary. Hence, the request is not medically necessary.