

Case Number:	CM14-0116282		
Date Assigned:	08/04/2014	Date of Injury:	10/10/2004
Decision Date:	10/08/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 55-year-old female who reported an injury on 10/10/2004. The injury reportedly occurred when she was moving a refrigerator. Her diagnoses included cervical disc herniation and central canal stenosis, spinal cord injury, and myelomalacia, and lumbar disc herniation. Her past treatments were noted to have included physical therapy, acupuncture, lumbar fusion surgery, and medications. The request for authorization form was not submitted for review. On 01/06/2014, the injured worker presented with complaints of low back pain with radiation to the bilateral feet, as well as cervical spine pain, headaches, and radiating symptoms into the arms. It was also noted that she had run out of pain medications which exacerbated her situation. Her medications were noted to include Norco for pain control. A request was received for outpatient retrospective urine toxicology screenings on 9 different dates including 10/03/2011, 08/05/2011, 08/21/2012 x 2, 07/09/2012 x 2, 06/11/2012 x2, and 05/01/2012, with confirmation and reports. However, documentation regarding this request including clinical notes from the retrospective dates, a rationale for the treatment, results of the testing, and details regarding the services provided were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient retrospective urine toxicology screenings, QTY 9, DOS 10/3/11, 8/25/11, 8/21/12 x 2, 7/9/12 x 2, 6/11/12 x2, 5/1/12 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Criteria for Use, On-going Management Page(s): 43, 78.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines drug testing may be recommended to assess for the use or presence of illegal drugs. In addition, the guidelines support periodic drug screens for patients taking opioid medications to verify compliance and monitored for non-adherence to the treatment regimen. The clinical information submitted for review indicated that the injured worker was utilization Norco on 01/06/2014. However, details regarding her past treatment including whether she was taking opioid medications at the time of the requested urine drug screens was not submitted. In addition, the documentation did not indicate whether there had been suspicion for illegal drug use or non-adherence from her medication regimen at the time of the urine drug screens. In the absence of this information, the necessity of the urine drug screens performed on the listed dates cannot be established. As such, the request is not medically necessary.