

Case Number:	CM14-0120808		
Date Assigned:	08/06/2014	Date of Injury:	02/04/2003
Decision Date:	10/09/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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 and Rehabilitation, and is licensed to practice in Los Angeles. 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 patient is 53 year old female who was injured on 02/04/2003 when she slipped down an embankment while repairing a fence. Toxicology report dated 05/19/2014 detected positive results for hydrocodone, Carisoprodol, and Alprazolam. Progress report dated 05/19/2014 states the patient presented with a diagnosis of lumbar radiculopathy. The patient complained of right hip pain and lumbar back pain. She rated her pain as an 8/10 in severity. On exam, deep tendon reflexes were 2+ and sensation was intact. Neurological exam revealed a normal exam. The patient was recommended for a retro specimen collection kit. Prior utilization review dated 07/17/2014 Retro Specimen Collection Kit (DOS: 05/19/14) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Specimen collection kit (DOS: 05/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines note that drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state that a urine drug test is recommended as a tool to monitor compliance with prescribed substance, identify use of undisclosed substance, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentations indicate monthly drug screens however, there is no supporting documentation of clear rationale as to the necessity of additional drug screening as there is no documented aberrant behavior, or signs of misuse. Based on the lack of supporting documentation the request is not medically necessary at this time.