

Case Number:	CM14-0122457		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2012
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Medicine 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:

45 yr. old male claimant sustained a work injury on 1/28/12 involving the lower extremities and back. He was diagnosed with 1st metatarsal degenerative joint disease and traumatic osteoarthritis as well as lumbar discopathy. His pain had been managed with muscle relaxants and NSAIDs. A urine drug screen was performed on 7/2/13 that was positive for Ethanol and negative for Tramadol. The claimant had been on Tramadol at the time. His Tramadol was not discontinued until November 2013. A urine drug screen on 2/27/14 noted that he was negative for opioids but Norco was a listed medication. A urine drug screen was again performed on 7/2/14 that was again negative for opioids while the claimant was on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for random urine drug screen DOS: 7/2/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to

prescription medication program. In this case, the 3 screens performed did not screen positive for the drugs taken at the time. However, there was no change in medication regimen or discontinuation of medication. There was no medication contracts noted for management of drug screen inconsistencies. The frequency of the medications taken was not noted at the time of the drug screen. The utilization of the screen should incorporate a change in action plan and use behavior. There was no indication of such interventions at the time each result was obtained. The Urine toxicology screen on 7/2/14 was not medically necessary.