

Case Number:	CM14-0124613		
Date Assigned:	08/08/2014	Date of Injury:	05/31/2013
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injuries due to a motor vehicle accident on 05/31/2013. On 05/07/2014, her diagnoses included lumbago, sciatica, lumbar radiculitis/neuritis, lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, lumbar epidural adhesions, arthropathy of the lower legs, pain of the joint in the lower legs, and enthesopathy of the knee. Her medications included Gabapentin 600 mg, Norco 10/325 mg, and Naprosyn 500 mg. On 11/06/2013, it was noted that a urine sample was taken, and there was a request for a urinalysis because it was necessary to determine this injured worker's current levels of prescription medication usage, adherence to a narcotic drug contract and to rule out drug abuse, diversion, or hoarding. On 07/02/2014, the same request was made. The results of those urine drug screens were not included in the submitted documentation. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 05/21/14 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, Drug screen Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for Retrospective DOS 05/21/14 Urine Toxicology Screen is not medically necessary. The California MTUS Guidelines indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had any aberrant drug related behaviors. Therefore, this request for Retrospective DOS 05/21/14 Urine Toxicology Screen is not medically necessary.