

Case Number:	CM14-0129138		
Date Assigned:	08/18/2014	Date of Injury:	09/06/2011
Decision Date:	10/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Texas. 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:

Medical records reflect the claimant is a 31 year old female who sustained a work injury on 9-6-11. Prior UDS performed on 3-28-14, 4-25-14 and 5-30-14. Office visit on 6-27-14 notes the claimant has complaints of pain to the cervical spine, bilateral shoulder, right elbow and bilateral wrist pain. On exam, no abnormality noted. Medications included Naproxen, Omeprazole, Sumatriptan, Flurbiprofen/Tramadol compound and Gabapentin/Dextromethorphan/Amitriptyline compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 6/27/14: 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 opioids ongoing use pages Page(s): 74-96>. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter UDS

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment is indicated in patients with issues of abuse, addiction, or poor pain control. ODG notes that UDS in a low risk patient is indicated once a year. This claimant

has undergone monthly UDS from March 2014 through June 201 without any indication of opioid use or misuse or abuse. The claimant is not a high risk patient. There is an absence in documentation to support the UDS performed on 6-27-14. Therefore, Retro DOS 6/27/14: Urine Drug Screen is not medically necessary.