

Case Number:	CM14-0133058		
Date Assigned:	08/27/2014	Date of Injury:	02/18/2006
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on February 18, 2006. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of low back pain and bilateral lower extremity pain. The physical examination demonstrated an alert and oriented individual with normal speech and a normal gait, with tenderness to palpation of the lumbar spine and lumbosacral area. The patient also exhibits painful range of motion. Deep tendon reflexes are equal bilaterally, and motor strength is equal bilaterally. Diagnostic imaging studies were not included for review. Previous treatment includes use of Norco and Ultram. A request had been made for a urine drug screen performed on March 13, 2014, and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Urine Drug Screen (UDS) DOS 03/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: MTUS guidelines support the use of urine drug screening as part of ongoing chronic opioid management. Review of the available medical records, indicates the claimant had monthly urine drug tests. Guidelines support urine drug screening up to 4 times a year to assess for use of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. The clinician has failed to document a discussion of such issues that may indicate abuse, drug escalation, intoxication or drug diversion. As such, this request is not considered medically necessary.