

Case Number:	CM14-0138979		
Date Assigned:	09/05/2014	Date of Injury:	03/22/2014
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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:

The injured worker is a 33 year old female who sustained an injury on 03/22/14 when she fell. The injured worker developed complaints of low back pain that was initially treated with medications such as muscle relaxers as well as anti-inflammatories. The injured worker did attend physical therapy in April of 2014. As of 05/23/14, the injured worker continued to report moderate intermittent low back pain. Current medications included the use of Meloxicam and Omeprazole. The injured worker's physical examination noted tenderness and palpable muscle spasms in the lumbar paraspinal musculature. The recommendation was to continue with medications including Cyclobenzaprine and anti-inflammatories. There were no plans for narcotic use. The requested urine drug screen was denied by utilization review on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: Based on review of the clinical documentation submitted, the proposed urine drug screen for this injured worker would not be supported as medically necessary. Per guidelines, urine drug screens can be utilized to assess for the use or presence of illicit substances as well as to confirm an initiation of a therapeutic trial of opioid medications. There was no indication of any elevated risk factors for updated urine drug screen reports at this point in time given the fact that the injured worker was not actively utilizing scheduled medications. There was no suspicion regarding illicit use of substances which would support a urine drug screen at this point in time. Therefore, this reviewer would not have recommended this request as medically necessary.