MAXIMUS Federal Services

Case Number:	CM14-0154917		
Date Assigned:	09/24/2014	Date of Injury:	05/05/1999
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Illinois. 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 69-year-old female who reported an injury on 05/05/1999 after lifting a heavy object. The injured worker reportedly sustained an injury to her lumbar and cervical spine. The injured worker's treatment history included medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 03/10/2014. It was documented that the injured worker had persistent pain complaints ranging from a 3/10 to 7/10. Objective findings included restricted range of motion secondary to pain of the cervical and lumbar spine. The injured worker's diagnosis included L5-S1 lumbar radiculopathy, C6 cervical radiculopathy, and muscle spasming. The injured worker's medications included tramadol 50 mg, Trazodone 50 mg, Nabumetone 750 mg, and Voltaren gel 1%. The injured worker's treatment plan included continuation of medications and a urine drug screen. The injured worker was evaluated on 10/10/2013. Objective findings included restricted range of motion of the lumbar spine and cervical spine. It was documented that the injured worker had 3/10 to 7/10 pain. The injured worker's medications included tramadol 50 mg, Norco 10/325 mg, Voltaren gel, and Nabumetone. The injured worker's treatment plan included continuation of medications and a urine drug screen. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen collected on 03/10/14 and 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The retrospective urine drug screens for date of service 03/10/2014 and 10/10/2013 were not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of urine drug screens to assess injured workers for aberrant behavior when participating in chronic opioid therapy. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's level of risk to support the need for the urine drug screens performed on 03/10/2014 and 10/10/2013. There is no documentation of aberrant behavior that would support the need for a urine drug screen. The clinical documentation does not support that the injured worker has any findings consistent with over or under use of the prescribed medications. Therefore, a urine drug screen would not be supported in this clinical situation. As such, the requested retrospective urine drug screen on 03/10/2014 and 10/10/2014 are not medically necessary or appropriate.