

Case Number:	CM14-0092673		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2006
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 50-year-old male was reportedly injured on May 11, 2008. The mechanism of injury is noted as hit by a wall and knocked down while repairing a motor home. The most recent progress note, dated January 3, 2014, indicates that the injured employee's current medications include Baclofen, Vitamins, Gabapentin, And Ibuprofen, Klonopin, Lidoderm, Pristiq and Protonix. No physical examination was performed. Diagnostic imaging studies of the cervical spine indicated disk bulges at C4 - C5 and C5 - C6. X-rays of the bilateral shoulders revealed a type 2- 3 acromion on the right side any type 2 acromion on the left. There was mild acromioclavicular joint changes. Nerve conduction studies of the upper extremities were normal. Previous treatment is unknown. A request had been made for a urine drug screen and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Urine Drug Screen on 5/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Updated 1/20/12, Guidelines for a Urine Drug Test; Criteria for Urine Drug Screenings.

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

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, this request for a retrospective urine drug screen on May 23, 2014 is not medically necessary.