

Case Number:	CM14-0092712		
Date Assigned:	07/25/2014	Date of Injury:	08/03/2000
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/18/2014

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 Preventive 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:

According to the records made available for review, the injured worker is a 59-year-old female with an 8/3/00 date of injury. At the time (1/28/14) of request for authorization for Urine Drug Screen, there is documentation of subjective (constant low back pain radiating to left lower extremity with numbness and tingling, 6/10, constant right wrist pain with numbness and tingling 7/10, pain 8/10 without medication, and 5/10 with medication) and objective (right wrist range of motion: flexion 50, extension 50, radial deviation 15, ulnar deviation 20, lumbar range of motion: flexion 25, extension 10, right and left lateral flexion 10 degrees, straight leg raise positive on left, lumbar spine tender with spasms, and right upper extremity sensation decreased at C6-8) findings, current diagnoses (lumbar sprain/strain, lumbar radiculopathy, and right wrist sprain/strain), and treatment to date (medications (including ongoing treatment with Terocin Patch, Cyclobenzaprine, and Tramadol)). There is no documentation of abuse, addiction, or poor pain control.

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 Page(s): 76. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, lumbar radiculopathy, and right wrist sprain/strain. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.