

Case Number:	CM14-0194687		
Date Assigned:	12/02/2014	Date of Injury:	05/20/2011
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation 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 62 year old female who suffered a work elated injury on 05/20/11 when she stepped on a piece of sidewalk chalk, twisted her right ankle, lost her balance and felon both knees and hands. The current diagnoses are carpal tunnel syndrome, lumbago, and neck sprain. Treatment has included physical therapy, diagnostics, and medication. Physician notes from 10/09/14 reveal complaints of bilateral hands/wrists, bilateral knees right ankle, cervical and lumbar spine. She has headaches that wake her in the middle of night with numb hands. She has noted weakness and stiffness with the pain, and tenderness was noted in her musculoskeletal system. The request is for a Urine Drug Screen. This request was denied by the Claims Administrator on 11/04/14, and was subsequently appealed for Independent Medical Review.

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 Page(s): 43.

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

Decision rationale: The request is for a Urine Drug Screen. This request was denied by the Claims Administrator on 11/04/14. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this injured worker who has been prescribed long-term opioid this chronic 2011 injury. Presented medical reports from the provider have unchanged chronic pain symptoms with unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the injured worker in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary.