MAXIMUS Federal Services

Case Number:	CM14-0212724		
Date Assigned:	12/30/2014	Date of Injury:	10/27/2011
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 10/27/2011. Mechanism of injury is described as a head injury from being struck by a truck axle. Patient is post irrigation and debridement of infected skull fracture with revision of wound on 11/5/11 and cervicalgia. Medical reports reviewed. Last report available until 11/28/14. Patient has headaches and radicular pains to legs. Physical therapy is helping. Objective exam revealed some depressed affect with some memory problems. Neck pain.No rationale for quantitate urine drug screen was documented.Patient had a urine drug screen on 10/1/14 and 10/14/14 both of which were appropriate. The UDS on 10/1/14 was for a quantitate analysis.Current medications include Cyclobenzaprine, fenofibrate, Norco, omeprazole, lisinopril, neurontin and metformin.Independent Medical Review is for Quantitative Urine Drug Screen(Retro).Prior Utilization Review on 11/24/14 recommended non-certification.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT)

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

Decision rationale: While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitive testing. As per Official Disability Guidelines (ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. Patient is chronically on opioids but there is no documentation of drug abuse concerns or change in patient's pain or medication use. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Urine Drug screen is not medically necessary.