

Case Number:	CM15-0111141		
Date Assigned:	06/17/2015	Date of Injury:	10/18/2002
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 56 year old woman sustained an industrial injury on 10/18/2002. The mechanism of injury is not detailed. Diagnoses include chronic low back pain. Treatment has included oral medications. Physician notes on a PR-2 dated 4/17/2015 show complaints of low back pain. The worker rates the pain 7/10 without medications and 3/10 with medications. Recommendations include urine drug screen that was performed during this visit, continue Vicoprofen, Hysingia, Prilosec, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the

provided documentation, there is no evidence of risk assessment for abuse, etc., however the patient is noted to have chronic pain and be taking opiates for treatment. There is no documentation of concerns for abuse/misuse or aberrant behavior, however, the chronic nature of the patient's case and the use of opioids warrants an initial screen to properly manage continuing treatment. Therefore the need for screening is substantiated at this time and is therefore considered medically necessary.