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| Case Number: | CM15-0117611 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 01/13/2010 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 01/13/2010, secondary to a fall injuring her lower back, knee and neck. On provider visit dated 5/20/2015 the injured worker has reported neck and right upper extremity pain and left knee pain. On examination of the cervical spine was noted to have a limited range of motion and decreased sensation over the radial side of her right arm. The diagnoses have included neck pain, thoracic spine pain, lumbar pain, left knee pain, depression and anxiety. Treatment to date has included medication (Norco, Relafen, Cymbalta, Zanaflex and Flexeril) and laboratory studies. The provider requested Retrospective request for 1 urine drug screen (DOS 5/20/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine drug screen (DOS 5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Retrospective request for 1 urine drug screen (DOS 5/20/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screens in June 1014 and 11/18/14 were consistent. There is no documentation of aberrant behavior therefore the request for another urine drug screen DOS 5/20/15 is not medically necessary.