

Case Number:	CM15-0128664		
Date Assigned:	07/15/2015	Date of Injury:	04/25/1996
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 4/25/96. She reported pain in her bilateral hands and arms related to repetitive motions. The injured worker was diagnosed as having bilateral knee pain, low back pain, cervicgia, common migraine and depression. Treatment to date has included massage therapy, stellate ganglion blocks, physical therapy, psychiatric therapy, Gabapentin, Norco, Oxycodone, Morphine, Pamelor and OxyContin. The urine drug screen on 2/23/15 showed inconsistent results with prescribed medications. As of the PR2 dated 5/14/15, the injured worker reports 8/10 pain in her shoulders and neck. Objective findings include erythematous and hypersensitive over the bilateral palms. The treating physician requested a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (dos:05/14/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse of opioids, Cautionary red flags for patients that may potentially abuse opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there is documentation of a prior urine screens in the past few months and past year that were inconsistent with medications and the claimant was on opioids. Based on the above references and clinical history a urine toxicology screen is medically necessary.