

Case Number:	CM15-0069431		
Date Assigned:	04/17/2015	Date of Injury:	03/27/2007
Decision Date:	05/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York

Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 3/27/07. She reported left scapular region pain, limited range of motion of the left arm, low back pain, and cervical spine pain. The injured worker was diagnosed as having cervical radiculopathy, lumbar degenerative disc disease, and lumbar failed back syndrome. Treatment to date has included back surgery in 2008, shoulder surgery in 2009, and injections for pain management. Currently, the injured worker complains of neck, low back pain, shoulder, and hip pain. The treating physician requested authorization for a retrospective urine drug screen obtained on 3/9/15. A physician's report dated 3/9/15 noted a urine drug screen was performed in accordance with a policy of monitoring all patients who received controlled substances in order to ensure compliance, maintain safety, and avoid diversion. The injured worker was taking Percocet 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, provided on date of service: 03/09/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there was documentation of the frequency of urine drug testing to determine the claimant's risk. There was no documentation of previous non-compliance or use of illicit substances. Medical necessity for the requested item was not established. The requested item was not medically necessary.