

Case Number:	CM15-0073399		
Date Assigned:	04/23/2015	Date of Injury:	03/11/2003
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 65 year old male, who sustained an industrial injury on 03/11/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbago, low back pain, knee pain /joint leg pain, and encounter of long prescription use not elsewhere specified. Treatment to date has included medication regimen and Toradol injection. In a progress note dated 02/24/2015 the treating physician reports complaints of ongoing low back and left knee pain with a pain rating of an eight out of ten. The treating physician requested and performed a qualitative drug screen during this visit to evaluate for the presence of prescribed medications with their qualitative value to be sent for gas chromatography testing if suspicious findings were noted. The test was also performed to assess for therapeutic levels of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine drug screen, DOS: 2/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, a urine toxicology screen is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.