

Case Number:	CM15-0091905		
Date Assigned:	05/18/2015	Date of Injury:	03/01/2013
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

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 is a 67-year-old female with a March 1, 2013 date of injury. A progress note dated April 14, 2015 documents subjective findings (continued pain; hard to put pressure on right leg; depressed over losing husband; a lot of pain with extension of lumbar spine; low back pain; leg pain; hip pain; right foot pain; pain rated at a level of 6/10 with medications), objective findings (pes planus of the right ankle; tenderness at the right ankle; tenderness of the lumbar spine; facet joint tenderness; decreased range of motion of the lumbar spine; tender right sacroiliac joint; tender at right greater trochanter), and current diagnoses (lumbago; sacroiliac joint dysfunction; trochanteric bursitis). Treatments to date have included medications, physical therapy, imaging studies, and exercise. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included six urine drug screens and assay of urine creatinine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Urine Drug Screens and Assay of Urine Creatine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Section, Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker completed a urine drug screen in February 2015 and was found compliant. The injured worker is considered at a low risk for aberrant behavior. The request for 6 urine drug screens exceeds the recommendation of the guidelines, therefore the request for 6 urine drug screens and assay of urine creatinine is determined to not be medically necessary.