

Case Number:	CM15-0099887		
Date Assigned:	06/02/2015	Date of Injury:	09/24/2008
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Internal Medicine, Rheumatology

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 46 year old female, who sustained an industrial injury on 9/24/08. Initial complaints were not reviewed. The injured worker was diagnosed as having posttraumatic headache; neck pain with intermittent radiation into the right upper extremity; thoracic spine pain; low back pain. Treatment to date has included psychiatric sessions; urine drug screening; medications. Currently, the PR-2 notes dated 4/21/15 indicated the injured worker returns to this office as a follow-up of 2/24/15. The injured worker states that the prescriptions given to her last February were not covered and she has been without medications since then. Her pain averages around 7-8/10 and much more limited with activities. Current medications prescribed are listed as: Norco 5/325mg; Colace 250mg; Lunesta 3mg; Prilosec 20mg; MiraLAX and Brintellix. She is able to ambulate in the office with a single-point cane slowly. The treatment plan is requesting Norco and Lunesta refills and notes the urine drug screening was negative on this date as expected due to no medications being authorized. The provider is requesting the Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 46 year old female has complained of headache, neck pain and lower back pain since date of injury 9/24/08. She has been treated with medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.