

Case Number:	CM13-0007602		
Date Assigned:	03/07/2014	Date of Injury:	11/28/2012
Decision Date:	04/03/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 11/28/2012. The listed diagnoses as of 05/22/2013 are: (1) Lumbar strain, (2) Left knee internal derangement, (3) Status post left ankle fracture. According to a report dated 05/22/2013, the patient presents with bilateral shoulder, mid and low back, left knee, and left ankle pain. The patient stated that bilateral shoulder pain is constant and burning. The patient's mid and low back pain was described as constant burning with an occasional throbbing and pulling sensation. The left knee and left ankle pain was also described as constant burning.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY EXAM: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with bilateral shoulder, back, leg, and ankle pain. The provider is requesting a urine toxicology exam. A review of the medical file provided dating

from 02/28/2013 to 05/22/2013 does not indicate that the patient was administered a urine toxicology exam during that time frame. The Official Disability Guidelines state that for low risk opioid users, a once yearly urine screen is recommended following an initial screen within the first 6 months. In this case, the patient has been taking tramadol since 02/2/2013 and the Guidelines allow for yearly urine screening. Therefore, the requested urine toxicology exam is medically necessary and appropriate.