

Case Number:	CM13-0012693		
Date Assigned:	09/27/2013	Date of Injury:	06/05/2011
Decision Date:	01/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 female of the date of injury of June 5, 2011. Notes on July 29, 2013 states that the patient is on Prilosec and has found this medication to be helpful for her gastrointestinal distress. Notes also say that because the patient has gastrointestinal distress she cannot take medications. The patient has been recommended home exercises. Another note on August 2013 states the patient is using Prilosec for gastrointestinal distress and the medication is helping. The patient also states the topical cream has been able to help increase her range of motion. There is no indication given for a urine drug screen; the patient is not on any narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends drug testing to assess the use of illegal drugs. This testing is commonly used for steps before a

trial of opioid medications. The guidelines do not give any other reasons for urine drug testing. As this patient states that her medication has been helping and there is no indication to believe that the patient has been noncompliant with meds. Therefore this test is not necessary.