

Case Number:	CM13-0024802		
Date Assigned:	11/20/2013	Date of Injury:	06/16/2013
Decision Date:	01/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/16/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41 year old male with date of injury of 6/16/2013 who injured himself lifting pain in his right elbow. He was placed on medications and given physical therapy. Medications included Flexeril and ibuprofen. Exam findings on July 26, 2013 showed tenderness over the medial elbow medial epicondyles and flexor pronator group. The patient was given a steroid injection into the elbow and was to continue using a counterforce brace. There are no record the patient was given narcotic medications. There is a urine toxicology report for a drug screen done on 8/12/2013 composing a multidrug urine toxicology review. The test was positive for hydrocodone, hydromorphone, alprazolam and acetaminophen. There is no record of these meds being prescribed. Patient is reported as allergic to morphine. The UDS was denied due to lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology, date of service 8/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 77.

Decision rationale: CA MTUS chronic pain guidelines suggest in the section criteria for use of opioids, a urine drug screen may be considered to assess for the use of illegal drugs. This request

is for a urine tox screen, and exceeds the usual urine drug screen for illegal drugs. MTUS does not address for urine tox screens, only UDS. There was no prescription for narcotics given any reports nor was any intent to prescribe opioids medications given. There was also no known indication that the patient had been exhibiting inappropriate medication use. Therefore this test exceeds current MTUS guidelines and is NOT medically necessary.