

Case Number:	CM13-0034893		
Date Assigned:	12/11/2013	Date of Injury:	06/02/2003
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 47 year old male who sustained a work related injury on 06/02/2003. The mechanism of injury was not provided. His diagnoses include abdominal pain, hypertension, gastropathy secondary to NSAIDs, acid reflux, chronic low back pain, irritable bowel syndrome aggravated by medication, plantar fasciitis, obesity, sexual dysfunction, and post-traumatic weight gain. On evaluation on 05/23/2013, he continued to complain of diffuse abdominal and low back pain with difficulty sleeping . On exam, his blood pressure remains elevated and he has tenderness in the lumbar spine with decreased range of motion. He requires CPAP for treatment of his obstructive sleep apnea. He is maintained on multiple medications including opiates for pain control (Oxycontin, Oxycodone, Norco). The treating provider requested a urine toxicology report on 07/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine toxicology screening performed on 7/18/13: Upheld

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

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

Decision rationale: Per Chronic Pain Management Treatment Guidelines, urine screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. In this case, a urine drug screen was obtained on 05/23/13 which was positive for codeine, hydrocodone and Restoril. Without any indication of aberrant behavior or signs of drug misuse or any other documentation indicating that the claimant is at anything other than at minimal risk for medication misuse, medical necessity for the repeat urine drug screen performed on 07/18/2013 was not supported. Medical necessity for the requested service was not established.