MAXIMUS Federal Services

Case Number:	CM13-0036803		
Date Assigned:	12/13/2013	Date of Injury:	03/07/2011
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, 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 41 year old male with a date of injury of 3/7/11 with a report of injury to the lumbar spine, bilateral wrists, and left knee. The patient is status post left knee arthroscopic surgery on 4/26/11 and 11/1/11. A prescription of Naproxen and Prilosec was given on 9/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

a urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, the use of urine toxicology is encouraged particularly when opioids are prescribed. It states that the steps to avoid misuse of opioids, especially for those at high risk of abuse are opioid therapy contracts, the limitation of prescribing and filling of prescriptions to one pharmacy, and frequent random urine toxicology screens. In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. Therefore, the request is non-certified.