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| Case Number: | CM13-0041540 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 02/12/1992 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 & Rehabilitation 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 injured worker is a 68-year-old male who reported an injury on 02/12/1992 after the injured worker's legs were crushed by a cow that he was herding. The injured worker's treatment history included physical therapy, injections, multiple surgical interventions, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 08/08/2013. However, the Primary Treating Physician's Progress Report submitted for review is largely illegible. The injured worker submitted to a urine drug screen that was positive for hydrocodone and alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology testing performed on 08/08/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinary Drug Screening.

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

Decision rationale: The requested toxicology testing for date of service 08/08/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent a urine drug screen on 08/08/2013 that was positive

for alcohol and hydrocodone. However, the clinical note provided at that appointment is largely illegible. There is no way to determine the injured worker's medication schedule based on the submitted chart note. Therefore, there is no way to determine the need for a urine drug screen. The California Medical Treatment Utilization Schedule does recommend that patients who are on chronic opioid therapy be monitored for aberrant behavior with urine drug screens. There are several urine drug screens within the submitted documentation. However, as there is no way to determine the appropriateness of the tests, it would not be supported by the guideline recommendations. As such, the requested toxicology testing for date of service 08/08/2013 is not medically necessary or appropriate.