

Case Number:	CM13-0068611		
Date Assigned:	01/03/2014	Date of Injury:	11/24/2012
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation has a subspecialty in Pain Management 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 patient is presented with a date of injury of 11/24/12. A utilization review determination dated 12/4/13 recommends non-certification of a urine toxicology screen. 6/7/13 medical report notes that a drug sample was collected on 5/23/13 and reported on 6/4/13. The 11/4/13 medical report identifies cervical and lumbar spine pain radiating to the bilateral extremities, bilateral shoulder pain and weakness, and bilateral foot numbness. On exam, there is tenderness and limited ROM, as well as positive bilateral SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The Official

Disability Guidelines (ODG) recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is documentation of a urine drug screen from less than 6 months prior to the current request, but there is no current risk stratification suggesting the medical necessity of repeat testing more frequently than yearly. The request for urine toxicology screen is not medically necessary and appropriate.