

Case Number:	CM13-0069489		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2013
Decision Date:	03/31/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 patient is a 60 year old injured worker with a date of injury on 11/15/2013. The patient had a repetitive use injury without any acute injury. The date of first examination of the patient was 11/25/2013. The patient was doing payroll and noted multiple areas of pain. She had cervical spine and lumbar spine pain and spasm. She had neck pain and back pain. Straight leg raising was positive. Tinel's sign was positive. There is pain within the shoulders and elbows. The diagnoses included lumbar sprain/strain, cervical sprain/strain, shoulder strain/sprain, cubital tunnel and carpal tunnel syndrome. The patient was started on Tramadol, Relafen, Omeprazole and Fluriflex. On 11/25/2013 the patient had a completely negative urine toxicology test. On 12/04/2013 a request for a urine toxicology test was received and it was denied as not medically necessary on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

Decision rationale: The MTUS/ACOEM Guidelines do not address the use of urine toxicology in this clinical situation. Urine toxicology tests are frequently ordered in drug addict populations to ascertain if there is drug abuse while opiates are prescribed for treatment of pain. Random urine toxicology testing is part of a drug contract between patient and provider when opiates are prescribed. Based on the medical records provided for review, there was no documentation of opiate use or drug addiction. The urine toxicology was ordered during the initial evaluation of the patient and urine screening is not part of the initial evaluation of a patient with no red flag signs when opiates are not prescribed in any of the listed diagnoses according to MTUS/ACOEM guidelines. The request for urine toxicology is not medically necessary and appropriate.