

Case Number:	CM13-0071863		
Date Assigned:	04/04/2014	Date of Injury:	03/06/2013
Decision Date:	05/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine and is licensed to practice in Texas. 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 37-year-old female who reported an injury on 03/06/2013 due to cumulative trauma while performing normal job duties. The injured worker had a treatment history to include psychological support with medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 11/27/2013. It was documented the injured worker's medications included Naproxen, Omeprazole, and Percocet. The injured worker's diagnoses include cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, lumbar radiculopathy, C5-6 disc protrusion, L4-5 disc protrusion, myalgia/myositis, back spasms, headaches, anxiety, stress, and depression. The injured worker's treatment recommendations included continuation of medications to include Percocet, continued use of a home exercise program, continued psychological treatment, and a baseline urine test to assess for drug toxicity levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BASELINE URINE TEST: Upheld

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

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

Decision rationale: The requested baseline urine test is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens to assess for aberrant behavior for patients on chronic opioid therapy. The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy for an extended duration of time which would make urine drug screen testing appropriate. However, the clinical documentation submitted for review fails to provide the results of the injured worker's last urine drug screen. Therefore, the appropriateness of an additional urine drug screen cannot be determined. As such, the requested baseline urine test is not medically necessary or appropriate.