

Case Number:	CM13-0072530		
Date Assigned:	01/17/2014	Date of Injury:	05/21/2013
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, 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 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:

According to the records made available for review, this is a 29-year-old male with a 5/21/13 date of injury. At the time (12/24/13) of the Decision for urine toxicology, there is documentation of subjective (headaches, neck pain radiating to the shoulders, low back pain, anxiety, and depression) and objective (tenderness to palpation over the cervical spine, limited range of motion, and spasms) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, and shoulder sprain/strain), and treatment to date (medications (including Paxil and Ibuprofen)). There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE TOXICOLOGY SCREENS, 43

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of abuse, addiction, or poor pain control in patients under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, and shoulder sprain/strain. However, there is no documentation of abuse, addiction, or poor pain control in the employee under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology is not medically necessary.