

Case Number:	CM14-0003618		
Date Assigned:	01/31/2014	Date of Injury:	05/02/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 34-year-old female with a 5/2/13 date of injury. At the time (12/19/13) of request for authorization for toxicology - urine drug screen, there is documentation of subjective (left shoulder pain and low back pain) and objective (tenderness to palpation over the left shoulder subacromial area with positive Neer's and Hawkin's impingement tests; tenderness over the mid lumbar, left sacral, and sciatic notch areas; positive straight leg raise' absence of the left Achilles reflex; and weakness of the extensor hallucis longus) findings; current diagnoses include (left shoulder internal derangement and low back pain); and treatment to date consists of (ongoing opioid therapy with Hydrocodone since at least 8/28/13). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY - URINE DRUG SCREEN: 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,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ON-GOING MANAGEMENT, 78

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient 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 left shoulder internal derangement and low back pain. In addition, there is documentation of on-going opioid treatment with Hydrocodone since at least 8/28/13. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for toxicology - urine drug screen is not medically necessary and appropriate.