

Case Number:	CM14-0004615		
Date Assigned:	01/24/2014	Date of Injury:	01/27/2013
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgeon 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 44-year-old male who reported a repetitive motion injury to his wrists on 01/27/2013. The clinical note dated 01/15/2014, reported that the injured worker had pain in his cervical spine region that radiated down to his shoulders and rated 7/10. The treatment plan reported that the physician prescribed topical creams, chiropractic therapy, orthopedic referral, pain management referral, and acupuncture. A urine drug screen was performed on 09/04/2013 and reported positive results for Ultram. The request for authorization was dated 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY EXAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The Chronic Pain Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including abnormal behavior and opioid monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show that the injured worker has been prescribed opioids recent

enough to be present upon urine drug screening. It did not appear the injured worker was at risk for medications misuse or displayed abnormal behaviors. Thus, the drug test would not be medically unnecessary. Hence, the request is non-certified.