

Case Number:	CM14-0009283		
Date Assigned:	02/14/2014	Date of Injury:	12/18/1997
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 59-year-old female with a reported date of injury of 12/18/97. The mechanism of injury occurred when she walked into a pole and fell to the ground. The progress note dated 12/12/13 listed the diagnoses as gastroesophageal reflux disease, irritable bowel syndrome, hypertension, hyperlipidemia, obstructive sleep apnea, chest pain, shortness of breath, rule out coronary artery disease, abdominal pain/cramps, and vitamin D deficiency. The medications listed on the progress note were AppTrim-D, Hypertensa, Sentra AM, metoprolol, lisinopril, gemfibrozil, nitroglycerin SL, Vytorin, vitamin D3, ASA EC, losartan, and Donnatal. The progress note reported that a urine toxicology screen result dated 11/15/13 was remarkable for norfluoxetine and phenobarbital.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREENING: 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, , 43

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAIN TREATMENT AGREEMENT Page(s): 89,94.

Decision rationale: The injured worker has received two previous urine toxicology screenings in August and November of 2013. The California Chronic Pain Medical Treatment Guidelines recommend random urine toxicology screens to avoid misuse or addiction of opioids. The injured worker is not taking opioids or narcotics that warrant the need for a urine toxicology screen. As such, the request is not medically necessary.