

Case Number:	CM14-0102870		
Date Assigned:	07/30/2014	Date of Injury:	12/31/1998
Decision Date:	10/09/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 56-year-old male who reported an injury on 12/31/1998. He was reportedly driving a tractor when he looked over his shoulder and noted someone coming close to the tractor and slammed on the brakes. On 05/09/2014, the injured worker presented with neck pain that travels to the right hand and low back pain that radiates to the right knee. On physical examination, the injured worker was in no acute distress. He had difficulty flexing his thumb and had a weak grip. Examination of the lumbar spine revealed a positive bilaterally straight leg raise. The pain is generated with hip motion. Prior therapy included effusion (injections) and medications. The provider recommended a urine drug screen. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

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

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The documentation provided notated that "the injured worker took street drugs because he was not getting to see anyone." It was unclear when the last urine drug screen was performed. The provider's rationale for the need for a urine drug test was not provided. Additionally, the injured worker admittedly took street drugs. As such, medical necessity has not been established.