

Case Number:	CM14-0105606		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2011
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55 year old male with a reported date of injury on 03/08/2011. The mechanism of injury was not listed in the records. The diagnoses included lumbosacral sprain, cervical sprain, and bilateral shoulder pain. The past treatments included physical therapy. An MRI of the right shoulder performed on 02/28/2014 revealed mild to moderate supraspinatus tendinosis. Pertinent surgical history was not provided. On 02/24/2014, the subjective complaints were neck and back pain. The physical examination noted a positive straight leg raise on the right. The medications were not provided for review. The treatment plan was to order a urine drug screen. The rationale was to ensure medication compliance. The request for authorization form was dated 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 panel urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; DRUG TESTING Page(s): 78; 43.

Decision rationale: The request for 6 panel urine drug testing is not medically necessary. The California MTUS guidelines recommend use of drug screening for issues of abuse, addiction, poor pain control or using a urine drug screen to assess for the use or the presence of illegal drugs. The injured worker has chronic neck and back pain. There was no evidence within the clinical notes that the patient had any issues with abuse, addiction, or suspicions of illegal drug use. Additionally, a list of the current medications was not submitted. As there was no evidence within the clinical notes that the patient had any issues with abuse, addiction or suspicions of illegal drug use, the request is not supported. As such, the request is not medically necessary.