

Case Number:	CM14-0107172		
Date Assigned:	08/01/2014	Date of Injury:	07/27/2011
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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 Illinois. 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 35 year old male with a reported date of injury on 07/2/2011. The mechanism of injury was not provided. The injured worker's diagnoses included multiple disc bulges, spinal stenosis, nerve root compromise, cervicgia, cervical radiculitis/neuritis, herniated disc of the lumbar spine, hip sprain/strain and shoulder strain. The injured worker's past treatments included medications. Previous diagnostics included a lumbar MRI on 07/27/2013, and an EMG/NCV of the upper extremities on 07/19/2013. No pertinent surgical history was provided. The injured worker was evaluated on 02/19/2014 where he complained of pain in the neck, increased weakness of the right hand, frequent burning pain in the left shoulder rated at 4/10, and burning pain in the lower back rated at 4/10. The clinician observed and reported focused examinations of the shoulder and lumbosacral spine. The injured worker was evaluated on 04/02/2014 for medication refill. He complained of pain to the upper and lower back and left shoulder. The urine drug screen from 02/21/2014 was reviewed; however, the results were not indicated. The injured worker was evaluated on 05/14/2014 for medication refill. No changes in status were noted. The urine drug screen from 04/08/2014 was reviewed; however, the results were not indicated. The injured worker's medications included naproxen 550 mg, tramadol ER 150 mg, Flutramcyc topical, and Gabapentin/Dextromethorphan/Amitriptyline topical. The request was for one urine toxicity screen. No rationale for this request was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine toxicity screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Pain Treatment Agreement: Opioid Therapy Contracts.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing Page(s): 78, 43.

Decision rationale: The request for one urine toxicity screen is not medically necessary. Urine toxicity screenings were performed on 02/21/2014 and 04/08/2014 and the results were reviewed by the clinician on 04/02/2014 and 05/14/2014 respectively; however, results of these tests were not provided for review. The California MTUS Chronic Pain Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs or to confirm use of therapeutically prescribed drugs. No results of the previous urine drug screens were provided and results were not indicated in the provided documentation. No documentation of aberrant behavior was provided. Frequency of urine drug testing should be based on documented evidence of risk; however, there is no evidence that the injured worker is at risk for medications misuse. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for one urine toxicity screen is not medically necessary.