

Case Number:	CM14-0015102		
Date Assigned:	02/28/2014	Date of Injury:	07/19/2013
Decision Date:	06/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Surgery, and is licensed to practice in 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 69 year-old male who was injured on July 19, 2013. The original injury is described as occurring when the claimant tripped over an electrical cord and fell injuring the left upper extremity. The prior determination in question was rendered on January 31, 2014. The reviewer indicated the injured worker was currently utilizing opioids in the summary and in the rationale indicated there was no documentation to indicate the claimant was using opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Overturned

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, URINE DRUG SCREEN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: The MTUS supports the use of urine drug screens for individuals utilizing opioid medications. Based on the documentation provided, the claimant was utilizing opiates and the requested urine drug screen is considered medically necessary.