MAXIMUS Federal Services

Case Number:	CM14-0118561		
Date Assigned:	09/23/2014	Date of Injury:	11/26/2012
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 55-year-old male who reported injury on 11/26/2012. The mechanism of injury was not included. The diagnosis included head pain, cervical spine strain/sprain, thoracic strain/sprain, lumbar spine strain/sprain with radiculitis, lumbar fracture, bilateral wrist strain/sprain, carpal tunnel syndrome, right hip strain/sprain, sexual dysfunction, depression, anxiety, and sleep disturbance secondary to pain. The past treatments included injection, and shockwave treatment. The progress note, dated 05/21/2014, noted the injured worker complained of pain and headaches. The physical exam revealed tenderness to palpation and decreased range of motion throughout the spine, and tenderness to palpation of the bilateral wrists, hands, and right hip and thigh. It was further noted that acupuncture and shockwave therapy was helping to decrease his pain and tenderness. Medications were not documented. The treatment plan recommended acupuncture and a urine toxicology screen for medication monitoring. The request for authorization form was submitted for review on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

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

Decision rationale: The request for urine toxicology screen is not medically necessary. The injured worker had pain and headaches, but without documentation of medications. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It is also recommended for use in conjunction with a therapeutic trial or ongoing management of opioids, as a screening for risk of misuse and addiction. The previous urine drug screening collected on 03/28/2014 was noted to be negative for all substances tested, including antidepressants, benzodiazepines, opiates, barbiturates, and zolpidem. There was no indication of the injured worker being prescribed opioids or other medications. There is no assessment of increased risk for addiction or misuse of medications or illegal drugs. A urine toxicology screening is not indicated at this time. Therefore, the request is not medically necessary.