

Case Number:	CM14-0152593		
Date Assigned:	09/22/2014	Date of Injury:	02/19/2014
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 27-year-old male who reported an injury on 02/19/2014. The mechanism of injury was not provided. On 08/19/2014 the injured worker presented with back pain. Current medications included pantoprazole, BioFreeze, and Lyrica. Upon examination, there was trigger points palpated in the upper trapezius, lower trapezius, deltoid and quadratus lumborum on the left. There was paresthesia to light touch noted in the digits 1 through 3 on the left. There was a positive Hawkin's, Speed's and SI joint compression tests. The diagnosis was back contusion. The provider recommended a retrospective review of Lyrica, 100 mg with a quantity of 30, for date of service 08/19/2014, and the retrospective urine toxicology 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:

Retrospective review of Urine Tox Screen DOS 8/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a retrospective urine tox screen, date of service 08/19/2014, 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 as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.