MAXIMUS Federal Services

Case Number:	CM14-0152988		
Date Assigned:	09/23/2014	Date of Injury:	08/09/2011
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 43-year-old male who reported an injury on 08/09/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his left upper extremity. The injured worker's treatment history included left carpal tunnel release and ulnar nerve decompression. The injured worker was evaluated on 04/03/2014. It was documented that the injured worker's medications included Voltaren 100 mg, Protonix 20 mg, Ultram 150 mg, and Flexeril 7.5 mg. It was documented that the injured worker complained of multiple pain generators. Physical findings included unrestricted range of motion with tenderness of a nonfocal nature of the anterior aspect of the shoulder. The injured worker's treatment plan included continuation of medications. A request was made for a urine drug screen. No justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

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

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers submit to a urine drug screen when there is evidence of illicit drug use or to monitor the injured worker for aberrant behavior when the injured worker is treated with chronic opioid usage. The clinical documentation does indicate that the injured worker is taking medications that would require monitoring. However, it is noted within the documentation that the injured worker had undergone a urine drug screen in 03/2014, which was consistent with the injured worker's medication schedule. The clinical documentation did not provide any assessment to support that the injured worker is at high risk for aberrant behavior and would require an additional urine drug screen just 1 month later. As such, the requested urine drug screen is not medically necessary or appropriate.