

Case Number:	CM14-0158224		
Date Assigned:	10/01/2014	Date of Injury:	01/28/2014
Decision Date:	12/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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 patient is a 26-year-old male who has submitted a claim for left elbow dislocation and lumbosacral strain associated with an industrial injury date of 1/28/2014. Medical records from 2014 were reviewed. The patient complained of left elbow pain and weakness. Aggravating factors included twisting, heavy lifting, pushing, or pulling. He denied numbness in his left hand. The patient likewise experienced localized low back pain. Physical examination of the left elbow showed tenderness with normal range of motion. There was weakness of both left elbow flexors and extensors. Tenderness and limited motion were noted at the lumbar spine. Of note, urine drug screen from 9/11/2014 showed no detected level of any medications. Treatment to date has included physical therapy, bracing, and naproxen (last refill on 02/2014). The utilization review from 9/8/2014 denied the request for urine analysis testing because of no current medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18 Edition, 2013 Updates, Chronic Pain Chapter- Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, there is no currently prescribed medication. It is unclear why urine drug screen is necessary in this case. There is no documented rationale for testing at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for urine analysis testing is not medically necessary.