

Case Number:	CM14-0158896		
Date Assigned:	10/02/2014	Date of Injury:	12/20/2013
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics, and is licensed to practice in New York. 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 54 year old woman with a date of injury of 12/20/13. She was seen by her provider on 6/30/14 with complaints of back pain radiating to her left lower extremity, right wrist/hand pain and left foot pain. Her exam showed she was ambulatory with an antalgic gait favoring the left lower extremity. Her lumbar spine showed tenderness to palpation in the paraspinal muscles with spasm, decreased range of motion and positive straight leg raise. She was tender to palpate her right wrist and hand with a positive Phalen's / Tinel's test. Her left ankle and foot were also tender to palpation with strength 4/5. Her diagnoses included lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discongenetic disease, rule out right wrist carpal tunnel syndrome, ganglion cyst and tenosynovitis, left ankle sprain/strain and rule out left foot internal derangement. At issue in this review is a urine toxicology test completed on 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine toxicology, DOS 6/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2013. At issue in this review is the request for a urine toxicology screen on 6/30/14 . Urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records do not document which opioids are being used or if prior drug screens have been obtained. The records also fail to document any issues of abuse or addiction so the medical necessity of a urine toxicology test is not substantiated.