

Case Number:	CM14-0169771		
Date Assigned:	10/20/2014	Date of Injury:	03/19/2008
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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:

There were 64 pages provided for this review. The request was for urine drug testing. There was a previous urine drug test from September 3, 2014. It was negative for all drugs tested. There was a utilization review from October 7, 2014. The diagnoses were sprain of the neck, sprain of the wrist and hand and radial styloid tenosynovitis and chondromalacia patella. The patient is a 57-year-old female injured back in the year 2009 reportedly due to cumulative trauma to both hands and forearms. The current diagnoses are cervical disc disease, cervical radiculopathy, and cervical facet syndrome. Treatment has included physical therapy, acupuncture, aquatic therapy times 14 and other diagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section recommended as an option, using a urine drug screen to assess for the use or the presence of

illegal drugs. For more information, see Opioids, criteria for use: (2) steps to take before a therapeutic trial of opioids & (4) on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. Therefore, this request is not medically necessary.