

Case Number:	CM14-0172754		
Date Assigned:	10/23/2014	Date of Injury:	01/17/2008
Decision Date:	12/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal 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 (IW) is a 60-year-old man with a date of injury of January 17, 2008. The mechanism of injury was not documented in the medical record. The IW has been under the care of the treating physician for right knee pain, myofascial pain, cervical sprain, lumbar strain, as well as status post right shoulder surgery X 3. Pursuant to the most recent progress note dated June 25, 2014, the IW complains of right knee pain and right shoulder pain. Physical examination revealed tenderness at the cervical spine musculature on deep palpation. There is tenderness on the AC joint and subacromial space on the right. Right knee range of motion is close to normal. The IW has received right knee cortisone injection with no improvement. The IW was diagnosed with status post right shoulder surgery X 3, right knee sprain, myofascial pain, and constipation. Current medications include Motrin 800mg, Norco 10/325mg Orphenadrine 100mg, Amitriptyline 10mg and Colace 100mg. There were no prior urine drug screens (UDS) in the medical record. There was no mention of UDS by the provider in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Determinations as to whether the patient is at low risk, intermediate risk or high risk for drug misuse/abuse determine the frequency with which urine drug screens are to be performed. In this case, the documentation does not reflect whether the injured worker is at low risk, intermediate or high risk for drug misuse or abuse. There was no prior mention of urine drug screen nor whether any drug screens in the medical record. Additionally, there was no discussion of performing urine drug screen and consequently, there is no clinical indication and the urine drug screen is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the urine drug testing screen is not medically necessary.