

Case Number:	CM14-0020719		
Date Assigned:	04/30/2014	Date of Injury:	06/03/2011
Decision Date:	07/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/19/2014

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 and Rehabilitation, has a subspecialty in 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 patient is a 49-year-old female with an injury date of June 3, 2001. Based on the utilization review letter dated January 15, 2014, the patient complains of shoulder, bilateral wrist, and neck pain. None of the progress reports discussed the specific injuries the patient had. [REDACTED] is requesting for a urinalysis for toxicology. The utilization review determination being challenged is dated January 15, 2014. The rationale is that the clinical documentation is grossly illegible and there was lack of objective data to substantiate the requested urinalysis. There is no documentation that suggest the patient's medication regimen consists of narcotic medications necessitating routine monitoring. [REDACTED] is the requesting provider, and he provided five treatment reports which were all illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS FOR TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the utilization review letter dated January 15, 2014, the patient complains of shoulder, bilateral wrist, and neck pain. The request is for a urinalysis for toxicology. None of the reports mention which medications the patient is taking. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. It is not clear if the patient has previously had any urine drug screens, nor is it clear what medications the patient is taking. There were no concerns raised to warrant a urinalysis to help manage this patient's opiates use. The request for urinalysis for toxicology is not medically necessary or appropriate.