

Case Number:	CM14-0025827		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2013
Decision Date:	07/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation 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 is a 43 year old male who reported an injury on 05/20/2013 due to an unknown mechanism of injury. The injured worker complained of pain in the right ankle and lower back. On 12/04/2013 the physical examination revealed tenderness of the lower back. The straight leg raise test was positive on the right. There was decreased sensation over the right L5-S1 distribution. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of lumbar neuritis, right sprain ankle, and right foot sprain. The injured worker had acupuncture, chiropractic/ physiotherapy, and pain management as forms of past treatment. The injured worker was on the following medications metformin, Lisinopril, simvastatin, aspirin, anaprox DS 550mg, Prilosec 20mg, fexmid 7.5mg, genicin 500mg, tramadol/L-carnitine 40/125mg, somnicin (melatonin 2mg/5HTP 50mg/ L-tryptophan 100mg/ pyridoxine 10mg/ magnesium 50mg), new terocin topical pain relief 240ml, flurbiprofen (NAP) cream 180gm, and gabacyclotram 180gm. The current treatment plan is for a urinalysis for toxicology. The request for authorization form was dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS FOR TOXICOLOGY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The request for urinalysis for toxicology is certified. The injured worker has a history of pain at the lower back and right ankle. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that urinalysis (drug testing) is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The injured worker was prescribed opioids for pain. There is a potential risk for addiction. Thus, supporting the request for urinalysis. Given the above, the request for urinalysis for toxicology is not medically necessary and appropriate.