

Case Number:	CM14-0026491		
Date Assigned:	06/13/2014	Date of Injury:	05/31/2013
Decision Date:	10/01/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 patient is a 33 year old female who was injured on 05/31, 2013. The mechanism of injury is unknown. Progress note dated 02/25/2014 states the patient presented with complaints of headaches located at the forehead radiating into the occipital region and back of the neck; mid and low back pain. She is noted as taking Naproxen and Norco for her pain. She has a diagnosis of myalgia/myositis; cervical sprain; cervical radiculopathy; lumbar sprain; lumbar radiculopathy; headaches; and insomnia. She has been recommended for a urine toxicology test to assess kidney and liver baseline function and also to determine if there are toxic drug levels. Prior utilization review dated 02/10/2014 states the request for a urine toxicology is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

Decision rationale: The guidelines recommend urine drug toxicology testing to evaluate for substance abuse or drug screening. The patient had a negative urine drug screen in November 2013 and it is unclear why a repeat test is needed at this time. The clinical notes document the indication for the urine toxicology test is to assess liver/kidney functions as well as detecting toxic drug levels. This is generally not an indication for urine toxicology screening. It is unclear why blood tests are not being ordered to evaluate for the liver/kidney and any concern for drug toxicity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.