

Case Number:	CM14-0031943		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2006
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 05/10/2006. The mechanism of injury was not provided within the medical records. The urine drug test collected on 05/10/2013 indicated the injured worker was positive for prescribed medication hydrocodone. Urine drug test dated 08/23/2013 revealed the injured worker tested positive for hydrocodone and hydromorphone. However, there were no clinical notes submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. The provider submitted a 1 quantitative chromatography urine test. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Quantitative Chromatography Urine Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Urine drug testing (UDT).

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

Decision rationale: The request for 1 Quantitative Chromatography Urine Test is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation submitted did not provide the injured worker's medications for review, and the documentation submitted did not provide any clinical documentation for review. In addition, the provider did not indicate a rationale for the request. Therefore, the request for 1 Quantitative Chromatography Urine Test is not medically necessary.