

Case Number:	CM14-0034549		
Date Assigned:	03/21/2014	Date of Injury:	12/10/2012
Decision Date:	04/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 48-year-old male who reported an injury on 12/10/2012. The mechanism of injury was noted to be the patient was driving a trolley when he heard someone screaming and yelling in the back of his bus. He was at a stop and when he turned to the right to look, the patient was sucker punched in the right side of his face and nose. The examination of 02/19/2014 revealed the patient had numbness in the left hand and pain in the upper left trapezius. The patient's medications include Naprosyn, omeprazole, Flexeril, and Neurontin. The request was made for a urine drug screen. The patient's diagnoses were noted to include cervical and shoulder pain as well as shoulder sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE SCREEN TEST 02/19/2014 QTY 1:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: California MTUS Guidelines recommend urine drug screens for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation

submitted for review failed to provide documented rationale for the necessity of the urine drug screen. The patient's injury was in 2012 and there was a lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for Urine Screen Test 02/19/2014 QTY 1:00 is not medically necessary.