

Case Number:	CM14-0035016		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2011
Decision Date:	08/26/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 records presented for review, indicate that this 40-year-old male was reportedly injured on January 31, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 19, 2014, stated the injured employee has been participating in physical therapy. Current medications include terocin patches, Ambien, Neurontin, oxycodone, and Flexeril. Another note, dated December 23, 2013, indicated the injured employee was recovering from recent surgery. It was stated that pain medications would be prescribed by pain management physician. A prior urine drug screen was performed December 19, 2013 and was positive for the injured employee's prescribed medications. Previous treatment included a right sided L5-S1 microdecompression on December 13, 2013. A request was made for a urine drug test quantitative chromatography and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test, chromatography, quantitative, (DOS 12/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Urine drug testing (UDT), and Opioids: tools for risk stratification and monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Drug testing, page 43 of 127 Page(s): 43 OF 127.

Decision rationale: According to the available medical record, the injured employee has just completed a urine drug screen on December 19, 2013, with normal results. It was also stated that the injured employee has his pain medications prescribed only by a pain management physician. Furthermore, there was no documentation of the presence of illegal drugs, previous issues of abuse, addiction, or poor pain control necessitating a urine drug screen. For these reasons, this request for a urine drug test with quantitative chromatography is not medically necessary.