

Case Number:	CM14-0052819		
Date Assigned:	07/07/2014	Date of Injury:	11/26/2012
Decision Date:	08/27/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 11/26/12. His primary treating physician saw him on 3/28/14 with complaints of headache, neck pain, mid/upper/low back pain, right and left wrist / hand pain and numbness and right hip/thigh pain. His physical exam was not completed and states no change neurologically. His diagnoses were head pain, cervical, thoracic and lumbar spine strain/sprain, bilateral wrist strain/sprain, depression with anxiety and sleep disturbance due to pain. At issue in this review is a urine toxicology screen, which was negative. It appears from prior notes that he had been prescribed tramadol and Mentherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 43, 77, 78 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2012. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured

worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. Medications were tramadol and Mentoderm and no Opioids documented as being prescribed. The medical necessity of a urine drug screen is not substantiated. Therefore, the request is not medically necessary.