

Case Number:	CM14-0060605		
Date Assigned:	07/25/2014	Date of Injury:	06/15/2011
Decision Date:	10/01/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Pain 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 injured worker is a 51 year old individual with an original date of injury of 6/15/11. The patient's diagnosis includes cervical spine pain, lumbar spine pain, and headaches. The dispute issue is a request for urine toxicology screening. This was request for date of service 3/28/2014. A utilization review determination recommended non-certification with the rationale of a recent previous urine toxicology screen already having been performed on 1/6/2014 without any aberrant result. The utilization reviewer reasoned that since the guidelines recommend screening once every six months for low risk patients taking opioids, the urine screen requested 2 months later is not appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine toxicology screening test, DOS:3/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 4/10/14), Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology section Page(s): page(s) 43. Decision based on Non-MTUS Citation Pain Chapter, Urine Drug Testing

Decision rationale: The dispute issue is a request for urine toxicology screening. This was request for date of service 3/28/2014. A utilization review determination recommended non-certification with the rationale of a recent previous urine toxicology screen already having been performed on 1/6/2014 without any aberrant result. The utilization reviewer reasoned that since the guidelines recommend screening once every six months for low risk patients taking opioids, the urine screen requested 2 months later is not appropriate. In the progress note authored by the pain medicine specialist on 3/28/2014, there is documentation that the patient's last urine drug screen was one year ago and it was positive for medicinal marijuana only. In a progress note on 11/4/2013, there is documentation of in-office urine drug testing by a different provider. Absent from the documentation are the actual results of any of these urine drug screens in the form of the actual laboratory report. Given this discrepancy between what is documented by the requesting provider and the claims administrator in terms of the when the last urine drug screen is done, it is imperative to have the actual urine toxicology reports. Since this is not available, this request is not medically necessary at this time.