

Case Number:	CM14-0078039		
Date Assigned:	07/18/2014	Date of Injury:	12/17/2009
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 33-year-old male who reported an injury 12/17/2009. The mechanism of injury was not provided within the medical records. Clinical note dated 04/24/2014 indicated a diagnosis of history of inguinal hernia, history of hypertension, and esophageal reflux or gastritis. On physical examination, the injured worker ambulated with a cane. The injured worker's blood pressure was 130/80. The rest of the physical examination was normal. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen included ibuprofen, naproxen, and Vicodin. The provider submitted a request for urine toxicology. 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:

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, July 18, 2009; Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines; (ODG) Opioids, differentiation: dependence & addition; Criteria for use.

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

Decision rationale: The California MTUS 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 on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker had displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, the provider did not indicate a rationale for the request. Therefore, the request for urine toxicology is not medically necessary.