

Case Number:	CM14-0081445		
Date Assigned:	07/18/2014	Date of Injury:	10/18/2010
Decision Date:	09/23/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 female who sustained injuries to her back, neck, right axilla, and shoulder on 10/18/10 when she fell backwards after the back of a chair she was sitting in broke, hitting her back and right side on the floor without loss of consciousness. The clinical note dated 08/13/13 reported that the injured worker rated her pain at 7/10 on visual analog scale (VAS) score and Hydrocodone was helpful in providing some pain relief. The injured worker has also had chiropractic manipulation treatment and was provided a right sacroiliac (SI) joint injection two weeks prior that provided 80 percent relief for one week with reduction of oral medications, improved mobility, and walking tolerance. Physical examination noted antalgic gait; positive provocative testing for SI joint dysfunction, positive Kemp's sign; positive straight leg raise; lumbar tenderness; impaired lumbar motion with no neurological deficits in the bilateral lower extremities to sensory, motor, or reflex examination. The injured worker was recommended to continue medications, repeat random urine screening as the injured worker has increased Norco, as well as Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Urine screen Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT).

Decision rationale: The previous request was denied on the basis that although use of a urine toxicology screen is supported where chronic use of opioids is in place, or being considered pretreatment according to evidence based guidelines; however, justification is required where the injured worker is low risk for aberrant behaviors, for anything beyond an initial screening test and yearly follow up, so long as the test is reviewed timely and is consistent with the prescribed medications. This information is not provided in the record; therefore, there is an absence of medical necessity established for Uniform Data System (UDS) at this time. There was no information provided that would indicate the injured worker has demonstrated any aberrant behaviors such as not taking medication, not taking medication as prescribed, improper pill count, or internal possession of any illicit substances. Given this, the request is not indicated as medically necessary.