

Case Number:	CM14-0082970		
Date Assigned:	07/21/2014	Date of Injury:	07/21/2013
Decision Date:	10/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational 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 claimant was injured on 07/21/13. A urine drug screen collected on 02/13/14 and reported on 02/14/14 is under review. He was injured while lifting a large heavy steel rod from the ground and felt burning pain in his abdomen. He developed an umbilical hernia and underwent a repair on 01/21/14. He was not being prescribed opioid or narcotic medication. On 04/09/14, he was treated for low back pain and was referred for physical therapy and acupuncture. No medications are listed. An orthopedic consult was pending. A drug screen dated 03/29/14 revealed no drugs present. He had a QME on 03/27/14. There is no description of his use of medication. He was discharged from care on 02/20/14 after the repair of the umbilical hernia by [REDACTED]. A drug screen dated 02/13/14 again revealed that no drugs were present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS 2/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a drug test that was collected on 02/13/14 and reported on 02/14/14. The MTUS state "Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that the claimant was receiving medications that must be monitored via urine drug screening and no indication that illegal drug use was suspected. The indication for this test is not stated and none can be ascertained from the records. The medical necessity of this request for urine drug testing on 02/14/14 has not been clearly demonstrated. Therefore this request is not medically necessary.