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| Case Number: | CM14-0087836 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 06/25/2009 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Internal Medicine, 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 claimant is a 34 yo female who sustained an industrial injury on 06/25/2009. The mechanism of injury was not provided for review. Her diagnoses include cervical and lumbar disc disease. She complains of neck and low back pain. On physical exam she has decreased range of lumbar motion with negative straight leg raising bilaterally and decreased range of motion of the right shoulder. Treatment has included medical therapy. The provider has requested Urine Toxicology.

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/DRUG TESTING Page(s): 43.
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2013 page 43 (pdf format) Page(s): 43.

Decision rationale: There is no specific indication provided for the requested Urine Toxicology test. Per the reviewed guidelines, Urine Drug Testing may be appropriate in the clinical settings for various reasons, including but not limited to chronic pain management and addictionology.

The test ordered should be focused on detecting the specific drug(s) of concern. Frequency of testing should be at the lowest level to detect the presence/ absence of drugs of concern bearing in mind the pharmacodynamics for which the drug is being screened. There is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There are no dates of previous drug screening over the past 12 months nor what those results were and any potential related actions taken. Medical necessity for the requested item has not been established. The requested Urine Toxicology test is not medically necessary.