

Case Number:	CM14-0093452		
Date Assigned:	07/25/2014	Date of Injury:	04/03/2007
Decision Date:	09/23/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation 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 43-year-old male with reported date of injury on 04/03/2007. The injured worker's mechanism of injury was not submitted within the medical records. The diagnoses were noted to include: disc desiccation, reduced disc height, and dorsal disc bulges from C3-4 through C6-7 and most predominantly at C5-8, where the ventral surface of the cord appeared focally indented. His previous treatments were noted to include medications. The progress note dated 08/12/2013, revealed complaints of low back pain with radiation down the right leg. The provider indicated there was marked discoloration of the right upper extremity, neurologic changes, and edema consistent with complex regional pain syndrome. The request was for a urine toxic screen. The Request for Authorization form, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxic Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Criteria for Opioids Page(s): 43,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines; Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/abuse Page(s): 43,94.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use, or the presence, of illegal drugs. The guidelines state for those at high risk of abuse, to perform frequent random urine toxicology screens. There is a lack of documentation regarding opiate use to warrant a urine toxicology screen. Additionally, there is a lack of documentation regarding results of previous urine drug screens and when the last test was performed. Therefore, the request is not medically necessary.