MAXIMUS Federal Services

Case Number:	CM14-0189231		
Date Assigned:	11/17/2014	Date of Injury:	01/27/2013
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family 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 patient is a 44 year-old man who was injured at work on 1/27/2013. The injury was primarily to his neck. He is requesting review of denial for a toxicology examination. Medical records corroborate ongoing care for his injuries. These records include progress notes from his primary treating physician. The patient's chronic diagnoses include the following: Cervical Disc Herniation; Myospasm; Cervicobrachial Syndrome; Bilateral Wrist/Hand Sprain/Strain; and Bilateral Carpal Tunnel Syndrome. The treatment rendered by his primary treating physician includes: "acupuncture, chiropractic physiotherapy and topical compound creams." Medications also included: Anaprox and Tramadol; however, it appears that the use of Tramadol was non-certified in a prior Utilization Review. A urine test for toxicology was requested at the 10/10/2014 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 73, 78.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that he is at high-risk for addiction. Further, it is unclear whether the patient is currently on an opioid; given the prior non-certification for the use of Tramadol.In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. A toxicology exam is not considered as medically necessary.