

Case Number:	CM14-0192362		
Date Assigned:	11/26/2014	Date of Injury:	09/19/2006
Decision Date:	05/01/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old male, who sustained an industrial injury on 9/19/2006. He reported initial complaints of pain to the left upper extremity. The injured worker was diagnosed as having chronic regional pain syndrome (CRPS); residual pain status post left upper extremity surgery (NO DATE). Treatment to date has included EMG/NCV bilateral upper extremities (4/16/13); urine toxicology screening (7/10/14). Currently, a Physician's Urine Toxicology Review and Report dated 7/10/14 was submitted indicating the injured worker is on a pain management regime and results would be used to determine if change in the prescribed drug therapy is warranted. Norco is a prescribed medication for this injured worker and was not detected. The provider did not submit any additional medial documentation as a follow-up visit or "for cause" in the request for an additional toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for toxicology screen is not medically necessary.