

Case Number:	CM14-0197289		
Date Assigned:	12/05/2014	Date of Injury:	01/12/2013
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 32 year old male with date of injury 1/12/13. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, low back pain and right knee pain since the date of injury. He has been treated with right knee arthroscopic surgery and meniscectomy in 07/2013, lumbar epidural steroid injection, physical therapy, TENS unit and medications to include opioids since at least 10/2013. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the lumbar spine, decreased and painful range of motion of the lumbar spine, bilateral positive straight leg raise. Diagnoses: cervical sprain, lumbar disc protrusion, lumbar discogenic back pain. Treatment plan and request: urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 32 year old male has complained of neck pain, low back pain and right knee pain since date of injury 1/12/13. He has been treated with right knee arthroscopic surgery and meniscectomy in 07/2013, lumbar epidural steroid injection, physical therapy, TENS unit and medications to include opioids since at least 10/2013. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.