

Case Number:	CM14-0199474		
Date Assigned:	12/09/2014	Date of Injury:	05/06/2011
Decision Date:	02/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/28/2014

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 patient is a 63 year old man who sustained a work-related injury on May 6 2011. Subsequently, the patient developed a chronic right knee and wrist pain. According to a progress report dated on October 1 2014, the patient was complaining of right knee and wrist pain with a severity rated 2/10. The patient right knee pain didn't improve with an intra-articular injection. The provider requested authorization for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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, a urine toxicology screen is 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. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. The patient underwent multiple, urine drug screens without evidence of abuse. Furthermore, there is no evidence that the patient is on opioids. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen is not medically necessary.