

Case Number:	CM14-0200051		
Date Assigned:	12/10/2014	Date of Injury:	06/10/2013
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on June 10, 2013. Subsequently, the patient developed a chronic. According to a progress report dated on December 29, 2014, the patient was complaining of neck and back pain. The patient continued complaining of pain despite use of pain medication including Norco, Flexeril and naproxen. The patient physical examination demonstrated normal neurologic examination and mild tenderness in the over the thoracic spine. The patient was diagnosed with sprain of the neck, thoracic sprain and lumbar sprain. 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:

Random drug screen: Upheld

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

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 >. There is no evidence that the patient is taking any medication that

requires a drug screen or has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.