

Case Number:	CM14-0202615		
Date Assigned:	01/06/2015	Date of Injury:	08/20/2012
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Plastic Surgery, has a subspecialty in ENTER SUBSPECIALTY 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 36 year old male with a reported date of injury on 8/20/12 who requested a urine drug test on 10/13/14. He is noted to have chronic pain of neck and back, as well as the left hand and wrist. He is undergoing pain management and activity modification. Laboratory report dated 9/15/14 notes a negative analysis. Documentation from 9/15/14 notes chronic pain improved with pain medications. Last urinalysis was performed on 6/28/14 and requests another one to confirm adherence to prescribed medication. On 9/17/14, the patient is noted to have undergone excision of a painful neuroma, forearm closure, exploration of a penetrating wound and excision of a foreign body. Documentation from 9/23/14 notes follow-up of surgery and is on Norco and is taking antibiotics. Documentation from 10/13/14 notes the patient is seen in follow-up of chronic pain improved with medications. Treatment includes urinalysis performed on this day noting the purpose for monitoring of the patient and to exclude illicit drug use. The patient is noted to be a left wrist surgical candidate. UR review dated 11/25/14 did not certify the urine drug test as the patient had a recent urine drug test on 9/22/14 and thus an additional should not be considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug test: Upheld

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

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

Decision rationale: From Chronic Pain Medical Treatment Guidelines, page 43, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. There is no medical documentation that there is a concern for illicit drug use. The patient had had a relatively recent surgical procedure and recent urinalysis was negative. Thus, without greater justification for ordering the urinalysis, the 1 urine drug test is not medically necessary.