

Case Number:	CM14-0081130		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2011
Decision Date:	12/11/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 47-year-old female, who sustained an industrial injury on 8-17-11. The only documentation submitted for review was a urine toxicology report dated 2-5-14, which revealed no medications were detected. Without documentation, it is not possible to note which medications the injured worker was receiving. No diagnosis, subjective complaints, objective complaints or prior treatments were documented. There is no request for authorization to support the urine toxicology report. On 5-5-14 utilization review non-certified request for Urine, drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen quantity 1 (DOS 02/05/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug screen #1 date of service February 5, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis is long-term use of medications. Date of injury is August 17, 2011. Request for authorization is April 24, 2014 referencing a retrospective urine drug screen date of service February 5, 2014. According to the documentation in the medical record, the only accepted body part on the injured worker is the eye. The utilization reviewer requested additional information from the treating provider regarding medications and injuries being treated. There was no response from the treating provider. According to a urine drug toxicology screen dated February 5, 2014, there were no medications detected. A urine drug toxicology screen is indicated only if the results are incorporated into the care of the injured worker. There is no progress note documentation with the clinical discussion, indication or rationale for the urine drug toxicology screen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical documentation with the clinical discussion, indication or rationale for urine drug toxicology screen, retrospective urine drug screen #1 date of service February 5, 2014 is not medically necessary.