

Case Number:	CM15-0132539		
Date Assigned:	07/20/2015	Date of Injury:	06/25/2014
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male who sustained an industrial injury on 06/25/14. Initial complaints and diagnoses are not available. Treatments to date include medications and topical creams. Diagnostic studies are not addressed. Current complaints include pain in the low back and left shoulder. Current diagnoses include lumbar sprain/strain and left shoulder sprain/strain. In a progress note dated 06/25/15 the treating provider reports the plan of care as medications, topical creams, and a urine drug screen. The requested treatments include a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology (screening and collection/handling): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back and left shoulder. The current request is for Urine Toxicology (screening and collection/handling). The treating physician report dated 6/25/15 (22C) states, "Urinalysis performed on 06/25/2015. Urinalysis Test determined to be medically necessary by physician to obtain baseline results that can help in more accurately predicting future compliance to a prescribed medication treatment program in addition to determining the presence of illicit drugs in the patient's system. This order serves as the Treating Physician's authorization and instruction to perform Urinalysis for the purpose of obtaining baseline results". While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The medical records provided, show that UDS's were performed on 2/5/15, 4/23/15 and 6/25/15. The patient has been taking Tramadol since at least 2/5/15 (113C). UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, there is no documentation in the reports provided for review that the patient has a history of aberrant behavior or is at risk of opiate abuse. Furthermore, the treating physician has requested at least three UDS's over a period of 6 months and the current request for an additional UDS without documentation of medication non-compliance is excessive. The current request is not medically necessary.