

Case Number:	CM15-0133978		
Date Assigned:	07/22/2015	Date of Injury:	06/05/2013
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 27 year old male, who sustained an industrial injury on 6/6/13. He reported right ankle pain. The injured worker was diagnosed as having thoracic sprain/strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right wrist sprain/strain, right knee pain, right knee sprain/strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain/strain, and rule out right ankle internal derangement. Treatment to date has included physical therapy, chiropractic treatment, and medication including Naproxen, Pantoprazole, Zolpidem, Alprazolam, and Motrin. Currently, the injured worker complains of upper and mid back pain, right shoulder pain, right wrist pain, right knee pain, and right ankle pain. The treating physician requested authorization for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient underwent urine drug testing in April 2015. The patient has not exhibited addiction/aberrant behavior. Urine drug testing is indicated annually, which would not be before April 2016. The request is not medically necessary.