

Case Number:	CM15-0187333		
Date Assigned:	09/29/2015	Date of Injury:	10/31/2013
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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

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 71 year old male, who sustained an industrial injury on 10-31-13. The injured worker was diagnosed as having sprain of the shoulder or arm, sprain of the thoracic region, ankle sprain or strain, sprain of the knee and leg, and sprain of the neck. Treatment to date has included physical therapy and medication including Cyclobenzaprine 2%- Flurbiprofen 25% and Gabapentin 15%-Dextromethorphan 10%-Amitriptyline 4%. On 8-14-15, the injured worker complained of pain in the cervical spine, thoracic spine, lumbar spine, left shoulder, left hand, and bilateral knees. The treating physician requested authorization for 1 retrospective urinalysis for the date of service 8-14-15. On 9-4-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one urinalysis (DOS 8/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction.

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. There is no indication in our patient that he was at risk for opioid abuse and there is no indication that the physician was contemplating the use of opioids in order to treat the patient. Therefore, the UR decision was correct and is upheld. The request is not medically necessary.