

Case Number:	CM15-0190390		
Date Assigned:	10/29/2015	Date of Injury:	08/03/2007
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania, Ohio, California
 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 45 year old, male who sustained a work related injury on 8-3-07. A review of the medical records shows he is being treated for gastroesophageal acid reflux. In the progress notes dated 6-16-15 and 9-9-15, the injured worker reports unchanged gastroesophageal acid reflux. He denies abdominal pain. On physical exam dated 9-9-15, abdomen is soft. He has normal bowel sounds. No reports of pain. Treatments have included greater than 36 visits of physical therapy, acupuncture, pool therapy, TENS unit therapy and biofeedback. There are no recent urine drug screen tests noted in medical records. Current medications include Hydrochlorothiazide, Amlodipine, Lisinopril, Dexilant, Gaviscon and Aspirin. He is not working. The treatment plan includes requests for a urine toxicology screen, for lab work and for a body mass index test. The Request for Authorization dated 9-9-15 has a request for a urine toxicology screen for labs and a body mass index test. In the Utilization Review dated 9-23-15, the requested treatment of a urine drug screen is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, quantity: 1: 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/Urine Drug Testing.

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. The records do not discuss risk factors for aberrant behavior or screening for potential misuse of prescribed drugs or a proposed frequency of urine drug testing based on such screening. Without such additional details, the records and guidelines do not support this request. This patient last underwent UDS testing in February 2015; unless the patient is at elevated risk of aberrant behavior, drug testing is not indicated more frequently than annually. The request is not medically necessary.