

Case Number:	CM15-0197322		
Date Assigned:	10/12/2015	Date of Injury:	06/19/2014
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 28 year old male, who sustained an industrial injury on 6-19-14. The injured worker was diagnosed as having status post blunt head injury with loss of consciousness, resolving facial laceration, left shoulder sprain and cervical spine discogenic disease. Medical records (5-7-15 through 7-23-15) indicated 3-4 out of 10 pain in his neck, left shoulder and head. The physical exam (6-18-15 through 7-23-15) revealed "restricted" cervical range of motion and a positive impingement test in the left shoulder. As of the PR2 dated 9-3-15, the injured worker reports neck and left shoulder pain. He rates his pain 4 out of 10. Objective findings include no tenderness to palpation in the cervical spine and left shoulder region. Current medications include Motrin. Treatment to date has included chiropractic treatments (re-evaluation on 5-18-15), acupuncture (started on 6-29-15) and physical therapy (re-evaluation on 9-21-15). The injured worker had a urine drug screen on 8-7-15 with normal results. The urine drug screen dated 9-9-15 was negative for prescribed medications. The treating physician requested urine toxicology testing for medication monitoring. The Utilization Review dated 10-1-15, non-certified the request for urine toxicology testing for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing for medication monitoring: 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): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screening is indicated in patients on opioid therapy to monitor patients for compliance and aberrant behavior. Patient is not on any opioids. Provider has failed to document any concerns for drug abuse. Provider only notes rationale as "medication monitoring" but only medication noted are NSAIDs. The use of urine drug testing for "monitoring" of NSAID use is not appropriate. Not medically necessary.