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| Case Number: | CM15-0200952 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 11/03/2014 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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

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 66 year old male, who sustained an industrial injury on 11-3-14. The injured worker was diagnosed as having cervical sprain, lumbar sprain, bilateral shoulder sprain, bilateral lower extremity radiculopathy and insomnia. Subjective findings (7-23-15) indicated pain in the neck, bilateral shoulders, left elbow and lower back. The injured worker rated his pain 4-8 out of 10. There is no documentation of suspected drug abuse or medication non-compliance. Objective findings (7-23-15) revealed decreased cervical, lumbar and bilateral shoulder range of motion and a positive straight leg raise test bilaterally. Treatment to date has included Glipizide, Lisinopril, Allopurinol, Baclofen, Omeprazole, Cyclobenzaprine and topical compound creams. There are no previous urine drug screen results in the case file. The Utilization Review dated 9- 16-15, non-certified the request for a retrospective urine toxicology screen-confirmation (DOS 8- 24-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screen/confirmation (DOS: 08/24/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests).

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) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is not maintained on any opiate medications that require monitoring. There is no specific indication for the requested urine drug screen. Medical necessity for the test is not established. The requested test is not medically necessary.