

Case Number:	CM15-0204223		
Date Assigned:	10/21/2015	Date of Injury:	05/17/2013
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 5-17-2013. A review of the medical records indicates that the injured worker is undergoing treatment for abdominal pain, acid reflux, diarrhea, osteoarthritis, and lumbar strain. On 7-2-2015, the injured worker reported improved abdominal pain, diarrhea, and acid reflux. The Secondary Treating Physician's report dated 7-2-2015, noted the physical examination showed the lungs clear to auscultation and normoactive bowel sounds. The injured worker's medications on 5-12-2015 were noted to include Prilosec, Amitiza, Omeprazole, and Imodium. The treatment plan was noted to include continued current medications, an upper gastrointestinal (GI) series scheduled, an ordered urine toxicology screen and Body Mass Index performed. The request for authorization dated 7-2-2015, requested a urine toxicology screen (DOS 7/2/15). The Utilization Review (UR) dated 9-28-2015, denied the request for a urine toxicology screen (DOS 7/2/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen (DOS 7/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The request is for urine drug testing (UDS) in a patient with the diagnosis of knee sprain. There is no data presented indicating that the patient is being treated with an opioid medication that requires monitoring. The necessity of a UDS is thus not established since the patient is not taking an opioid. The request is not medically necessary or appropriate.