

Case Number:	CM15-0022891		
Date Assigned:	02/13/2015	Date of Injury:	09/01/2010
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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:

This 62-year-old female reported a work-related injury on 9/1/2010. According to the progress report from the treating provider dated 11/13/2014, the injured worker reports pain in the bilateral shoulders/arms and knees. The diagnoses include bilateral shoulder strain/sprain and right shoulder tendinitis and impingement syndrome and bilateral knee internal derangement and status post left knee anterior cruciate ligament and medial collateral ligament tear. Previous treatments include medications and physical therapy. The treating provider requests urine toxicology. The Utilization Review on 1/12/2015 non-certified the request for urine toxicology, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 43 (pdf format).

Decision rationale: Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The test is used to incorporate the results in the patient's treatment plan. In this case there is no documentation of the claimant's medical regimen and no specific indication for the requested test. Medical necessity for the requested item has not been established. The requested item is not medically necessary.