

Case Number:	CM15-0023059		
Date Assigned:	02/12/2015	Date of Injury:	07/27/2009
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
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: California, Arizona
 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 34-year-old male who reported an injury on 07/27/2009 due to an unspecified mechanism of injury. On 01/14/2015, he presented for a follow-up evaluation regarding his work related injury. He reported continued pain in the back with associated numbness into the right leg. A physical examination showed a positive straight leg raise and decreased sensation to the right foot. There was also spasm noted in the lumbar paraspinal muscles on the right and decreased range of motion in all planes. His medications included Naprosyn, Neurontin, Omeprazole, and Flexeril. The treatment plan was for a urine drug screen. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for those with issues of abuse, addiction, or poor pain control when they are using medications that require urine drug screening. The documentation provided does not show that the injured worker is using any medications that would require the use of a urine drug screen. Also, it was not noted that the injured worker was at risk for abuse, addiction, or poor pain control, and therefore the request would not be supported. As such, the request is not medically necessary.