MAXIMUS Federal Services

Case Number:	CM15-0027298		
Date Assigned:	02/19/2015	Date of Injury:	07/12/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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: Ohio, North Carolina, Virginia
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 47 year old male who sustained an industrial injury on 7/12/12. The injured worker reported symptoms in the neck, back, bilateral upper and lower extremities. The diagnoses included sprain of neck, sprain of thoracic, sprain of lumbar, and sprain shoulder/arm. Treatments to date include oral and topical pain medications. He had not been prescribed controlled substances. In a progress note dated 11/24/14 the treating providers' handwriting was illegible as it is from several progress notes. Urine drug screening from 8-15-14 and 10-21-14 showed no medications in the urine. The injured worker's status is felt to be improving overall with intermittent left shoulder pain only in a recent note.On 1/14/15 Utilization Review non-certified the request for urine drug screen. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 Opioids: urine toxicology screens Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines;

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. Urine drug testing section.

Decision rationale: Urine drug testing is recommended prior to initiation of opioid therapy and periodically thereafter once the medication is started. Repeat testing may be done as infrequently as once yearly for patients considered low risk for addiction or aberrant drug taking behavior. In this instance, the reviewed record reveals the injured worker has been prescribed anti-inflammatories, muscle relaxants, a proton pump inhibitor, and topical analgesics only. There seems to be no hint from the treating physicians that opioid therapy is an imminent treatment option. The request for independent medical review for a urine drug screen dates from 2-12-2015 and thus it is presumed the urine drug screen in question is either prospective or dates from 10-21-2014. In either instance, the submitted medical record does not provide justification for urine drug testing and consequently a urine drug screen is not medically necessary.