

Case Number:	CM15-0027486		
Date Assigned:	02/19/2015	Date of Injury:	01/07/2010
Decision Date:	05/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old female who sustained an industrial injury on 01/07/10. Initial diagnoses and complaints are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include neck, upper back and right shoulder pain. In a progress note dated 01/06/15 the treating provider reports the plan of care as medications including Zorvolex, Nexium, Lidoderm, Lyrical, Zoloft, and a topical nonsteroidal, as well as a TENs unit, gym membership, and a cervical Epidural steroid injection. The requested treatment is a urine drug screen.

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 Frequent Random Urine Toxicology Screen Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test screening Page(s): 94.

Decision rationale: Guidelines state that frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. Patients at low risk for opioid use (objective and subjective symptoms supporting a diagnosis and absence of psychiatric comorbidity) should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is a lack of documentation of when the last urine toxicology screen was performed and how many tests over the last 12 months and the patient not on opiates. The request for urine drug screen is not medically appropriate and necessary.