

Case Number:	CM15-0029350		
Date Assigned:	02/23/2015	Date of Injury:	01/31/2014
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Diagnoses include muscle spasm, lumbago, thoracic spine radiculopathy, lumbar spine radiculopathy, lumbar spine sprain/strain, displacement of lumbar disc without myelopathy; right knee internal derangement; old disruption of ligaments; lower leg joint pain; right knee sprain/strain. Treatments to date include aqua therapy, physical therapy, acupuncture, extracorporeal shock wave therapy (ESWT), work conditioning, and topically applied medications for pain. A progress note from the treating provider dated 10/13/2014 indicates the right lumbar spine, the left SI joint and right hamstring were tender to palpation. Treatment plans were continued use of medications of Flurbiprofen 20% Tramadol 20% in mediderm base 30 gram, Gabapentin 10%, Dextromethorphan 10%, amitriptyline 10% in mediderm base 30 gram. The IW underwent urine screen to rule out medication toxicities. A caregiver note of 11/03/2014 described right leg/hamstring pain and low back pain constantly occurring and rated a 3-5/10. A caregiver note of 11/24/2014 again confirmed the order for a urine toxicology screen on 11/24/2014 to monitor the IW compliance to the prescribed medical treatment and to monitor/assess any other prescription drug use. On 01/19/2015 Utilization Review non-certified a request for Urine toxicology screen and confirmations qty: 1.00. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen and confirmations qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Page 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Urine toxicology screen and confirmations qty:1.00 is not medically necessary.