

Case Number:	CM15-0216727		
Date Assigned:	11/06/2015	Date of Injury:	04/10/2013
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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: Arizona, Texas

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:

The injured worker is a 45 year old male, who sustained an industrial injury on 04-10-2013. He has reported injury to the head, eye, neck, right shoulder, and right knee. The diagnoses have included post-concussive syndrome; reports of decreased left eye visual acuity; cervical whiplash injury with residual discomfort; cervical radiculopathy; and right knee lateral meniscal tear. Treatment to date has included medications, diagnostics, activity modification, and home exercise program. Medications have included Ibuprofen, Nortriptyline, and Omeprazole. A progress report from the treating physician, dated 08-24-2015, documented an evaluation with the injured worker. The injured worker reported continued blurriness in his left eye with a twitch, headaches, dizziness, depression, and insomnia; neck pain radiating into the right upper extremity; and right knee pain. Objective findings included his mood and affect are depressed; he has tenderness to palpation to the cervical spine as well as decreased range of motion and positive head compression test; he has full sensation to the right upper extremity; his right knee is tender in the lateral joint line with almost full range of motion; and the muscle strength is 4 out of 5. The treatment plan has included the request for urine drug test: qualitative point of care test and quantitative lab confirmation x 2 units. The original utilization review, dated 10-06-2015, non-certified the request for urine drug test: qualitative point of care test and quantitative lab confirmation x 2 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: qualitative point of care test and quantitative lab confirmation x 2 units:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned regarding drug misuse or abuse or that they are taking any narcotic pain medications. The medical necessity for UDS is not made.