

Case Number:	CM15-0033916		
Date Assigned:	02/27/2015	Date of Injury:	08/31/2014
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: District of Columbia, Virginia
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:

This 33-year-old male reported a work-related injury on 08/31/2014. According to the PR2 from the treating provider dated 1/7/15, the injured worker (IW) reports persistent neck and right shoulder pain. The IW was diagnosed with cervical disc protrusion at C6-7; cervical radiculitis; right shoulder acromioclavicular sprain and right shoulder rotator cuff strain. Previous treatments include medications, chiropractic, acupuncture, subacromial cortisone injection and physical therapy. The treating provider requests one urine toxicology screen for date of service 1/7/2015. The Utilization Review on 01/28/2015 non-certified the request for one urine toxicology screen for date of service 1/7/2015. The reference cited was CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one (1) urine toxicology screen with a DOS of 1/7/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 43.

Decision rationale: Per MTUS: Drug testing; Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The patient was prescribed norco and urine drug testing would be indicated, as cited above.