

Case Number:	CM15-0040038		
Date Assigned:	03/10/2015	Date of Injury:	06/27/2014
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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: California, Indiana, New York
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(n) 55 year old female, who sustained an industrial injury on 6/27/14. She reported low back pain related to a motor vehicle accident. The injured worker was diagnosed as having lumbar and cervical stenosis and a history of cervical fusion. Treatment to date has included physical therapy, acupuncture, cervical MRI and pain medications. As of the PR2 dated 1/9/15, the injured worker reports increased lower back pain that radiates to the right buttock, cervical spine pain and right wrist pain. She is using Norflex and Motrin for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis status both fusion C-5 - C6; lumbar musculoligamentous sprain/strain; bilateral shoulder pericapsular sprain/strain; left wrist sprain with history of fracture; and had contusion with residual headaches. The medical record does not contain documentation from the requesting physician for the urine drug screen. The most recent progress note from the treating orthopedist dated October 23, 2014 does not contain a list of medications. There is no additional documentation indicating aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and rationale (from the requesting physician) for the urine drug screen, urine drug screen is not medically necessary.