

Case Number:	CM15-0041243		
Date Assigned:	03/11/2015	Date of Injury:	02/09/2014
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/04/2015

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, California
 Certification(s)/Specialty: Family Practice

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 40-year-old male injured worker suffered an industrial injury on 2/9/2014. The diagnoses were lumbar discogenic disease and complaints of thoracic disease. The diagnostic studies were lumbar and thoracic magnetic resonance imaging and electromyography. The treatments were physical therapy and medications. The treating provider reported severe low back and thoracic pain with stiffness and mild radiation down both hips and legs. He reported pain in the thorax that radiated around to the anterior chest wall. The claimant had been on opioids, muscle relaxants and NSAIDs for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43; 76-77; 78; 94. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The claimant has had monthly urine screens in the past few months. Based on the above references and clinical history a urine toxicology screen is not medically necessary.