

Case Number:	CM15-0047707		
Date Assigned:	03/19/2015	Date of Injury:	08/07/2012
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 31-year-old male who sustained an industrial injury on 8/7/12. The injured worker reported symptoms in the back, upper and lower extremities. The injured worker was diagnosed as having post-traumatic chronic daily headaches, chronic myofascial pain syndrome cervical and thoracolumbar spine, post-traumatic seizure disorder, bilateral carpal tunnel syndrome, chronic sprain injury bilateral knees. Treatments to date have included oral anti-epileptic medication, activity modification, trigger point injections, physical therapy, and activity modification. Currently, the injured worker complains of pain in the back, upper and lower extremities. The plan of care was for one comprehensive urine test/Chromatographic test and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One comprehensive urine test/Chromatographic test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are bilateral knee patellofemoral pain syndrome with weakness of the quadriceps and hamstrings; lumbar spine sprain without radiculopathy; and right wrist CMC joint arthritis. The request for authorization is dated February 23, 2015. There is no contemporaneous documentation on or about February 23, 2015. The most recent progress note in the medical records dated June 10, 2013. Additional documentation dated January 28, 2013, December 6, 2012 and October 20, 2012 is present in the medical record. There is no documentation to support the February 23, 2015 request for authorization urine drug testing. The treating physician (in a progress note dated April 23, 2013) requests authorization for the patient to be seen for evaluation and treatment by a toxicology specialist given his exposure to chemicals at his job. Authorization for urine toxicology screening is requested. A review of the medical record shows the injured worker was taking anti-seizure medications but no opiates or other controlled substances. There is no documentation indicating what chemicals the injured worker was exposed to. There is no documentation indicating whether the chemicals exposure to at work will show up in urine drug toxicology screens. Consequently, absent clinical documentation with a clinical indication or rationale to support urine drug testing, urine drug testing is not medically necessary.