

Case Number:	CM15-0047877		
Date Assigned:	03/19/2015	Date of Injury:	01/04/2010
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained an industrial injury on 1/4/2010. The medical records submitted for this review did not include details regarding the initial injury or a complete list of prior treatments. The diagnoses have included Cerebrovascular Accident (CVA), lumbar herniation and right shoulder rotator cuff tear. Currently, the IW complains of no change in symptoms. The physical examination from 2/12/15 documented decreased Range of Motion (ROM). The provider's documentation was hand written and difficult to read due to poor imaging and illegibility. The plan of care included a urinalysis and a referral to a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Submitted progress reports were handwritten and illegible. The request is for 1 URINALYSIS. The request for authorization is dated 02/23/15. The patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, based on provided medical records, current list of medications prescribed to patient do not appear to include any opiates or narcotics. Per progress report dated, 10/24/14, medications prescribed include Theramine, Sentra PM, Sentra AM and Gabadone. Furthermore, the last Urinalysis was performed on, 12/16/14. ODG recommends once yearly urine drug screen following initial screening. Therefore, the request IS NOT medically necessary.