

Case Number:	CM15-0050846		
Date Assigned:	03/24/2015	Date of Injury:	03/05/2014
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female, who sustained an industrial injury on 03/05/2014. Initial complaints reported included neck, bilateral shoulder, right wrist, low back and left knee pain after tripping and falling. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, urine drug screenings, physical therapy, left knee injection, and possibly acupuncture. Currently, the injured worker complains of continued neck and low back pain despite conservative therapy. Current diagnoses include cervical spine strain/sprain, lumbar spine strain/sprain, left knee patellar chondromalacia, and left knee contusion. The treatment plan consisted of continued medications, continued physical therapy and home exercise program, urine drug testing, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine toxicology screen: Upheld

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

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

Decision rationale: The California MTUS treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. However, the progress note dated December 1, 2014 and subsequent consistent urine drug testing that was already performed indicates that the injured employs not prescribed any opioid medications but only ibuprofen, omeprazole, and Methoderm. Considering this, this request for a urine toxicology screening is not medically necessary.