

Case Number:	CM14-0119473		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2013
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 04/03/2013. The mechanism of injury was not provided. On 01/23/2014, the injured worker presented with back and buttock pain. Upon examination of the lumbar spine, there was mild tenderness and spasm to the right lumbar paraspinals, a right gluteus medius minimus with normal range of motion. The diagnoses were strain of the lumbar region, piriformis muscle spasm and lumbosacral radiculitis. Prior therapy included medications. The provider recommended a urine drug screen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: qualitative point of care times four: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, Page(s): 43..

Decision rationale: The request for Urine drug test: qualitative point of care times four is not medically necessary. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may be used in conjunction in a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors, any drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.