

Case Number:	CM14-0127508		
Date Assigned:	08/15/2014	Date of Injury:	06/16/2013
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 42-year-old male who reported a work related injury on 06/16/2013 due to transferring a patient. The injured worker's diagnoses consist of brachial neuritis or radiculitis nonspecified, lesions of the ulnar nerve, and upper arm pain in joint. The injured worker's past treatment has included physical therapy and medication. Diagnostic tests include an x-ray of the cervical spine and right shoulder which were interpreted as negative on an unspecified date. An MRI scan of the right elbow obtained and interpreted as normal also with an unspecified date. Upon examination on 07/21/2014, the injured worker complained of pain to the neck. Upon physical examination, it was noted that the injured worker had spasms to the trapezius muscle. The injured worker's prescribed medications include Lisinopril, Flexeril, and Advil. The treatment plan consisted of a urine drug screen. The rationale for the request was not provided for review. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen DOS 7/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 & 94.

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

Decision rationale: The request for Urine drug screen DOS 7/16/14 is not medically necessary. The California MTUS Guidelines state that drug testing is recommended as an option, to assess for the use or presence of illegal drugs, as well as for steps to take before therapeutic trials of opioids, and for ongoing management of patients on an opioid. In regards to the injured worker, the medication list did not include any opioids. Additionally, there is no clear documentation indicating that the injured worker was suspected of aberrant drug taking behavior, or to indicate that the injured worker was not taking his medications as prescribed. As such, the documentation did not indicate that the injured worker was using any prescription drugs likely to show up on a positive drug screen. Furthermore, the provider did not include any rationale for a urine drug test. As such, the request for a urine drug screen is not medically necessary.