

Case Number:	CM14-0140166		
Date Assigned:	09/08/2014	Date of Injury:	12/31/2011
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, 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 57-year-old male with a reported date of injury on 12/31/2011. The injury reportedly occurred when the injured worker was transferring the patient to the toilet and injured his cervical/thoracic/lumbar spine. His diagnoses were noted to include cervical musculoligamentous injury, cervical sprain/strain, thoracic musculoligamentous injury, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar radiculopathy, and lumbar sprain/strain. His previous treatments were noted to include medications and psychiatric treatment. The progress note dated 06/13/2014 revealed complaints of sharp headaches, cervical/thoracic/lumbar spine pain. The physical examination revealed no bruising, swelling, atrophy, or lesions at the cervical/thoracic/lumbar spine. His medication regimen was noted to include naproxen 550 mg #60, Omeprazole 20 mg #60, Orphenadrine 100 mg #60, hydrocodone/APAP 10/325 mg #120, and zolpidem 10 mg #30. The injured worker was utilizing topical medications as well. The request for authorization form dated 06/13/2014 was for urine screen to rule out medication toxicity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Dos): 06/13/2014 Chromatography Urine Drug Screen and Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Steps to Avoid Misuse/Abuse Page(s): 43; 94.

Decision rationale: The request for chromatography urine drug screen and urinalysis is not medically necessary. The injured worker has been receiving urine drug screens monthly. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use of the presence of illegal drugs. The guidelines recommend for those at high risk of abuse, frequent random urine toxicology screens. There is a lack of documentation regarding the injured worker is at high risk for drug abuse to warrant frequent random urine toxicology screens. The injured worker has been performing urine drug screens monthly and a chromatography, urine drug screen, and urinalysis is not appropriate due to the lack of documentation of the injured worker at high risk for abuse. Therefore, the request is not medically necessary.