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| Case Number: | CM14-0148123 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 10/21/2010 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old male who reported an injury on 10/21/2010 due to a motor vehicle accident. On 02/25/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was tenderness in the midline and paralumbar regions bilaterally. There was a well healed small surgical scar a little more than an inch in length. There are no current medications listed. Prior therapy included surgery. 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 Toxicology: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. They may also be used in conjunction with 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, drug seeking behavior, or whether the injured worker was suspected for illegal drug use. It is unclear when the last urine drug screen was performed. Additionally, there is no evidence of opioid use. As such, medical necessity has not been established. The request is not medically necessary.