

Case Number:	CM14-0162081		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2010
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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, 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 53-year-old male who reported an injury on 08/26/2010. The mechanism of injury was he was knocked unconscious. On 08/29/2014, the injured worker presented with complaints of neck, right wrist, left shoulder, low back, and right knee pain. Current medications included alprazolam and hydrocodone. Upon examination of the cervical spine, there was diminished lordosis and a positive axial head compression. There was limited guarded range of motion due to pain. There was joint tenderness to the left acromioclavicular joint and left supraspinatus tenderness. There was diffuse muscle guarding and tenderness noted. Diagnoses were post concussive injury, post-traumatic stress disorder, and right knee meniscal tear, nonunion of the right wrist scaphoid fracture, left shoulder internal derangement, cervical spondylosis, lumbar spondylosis, urinary obstruction, and narcotic dependency. The provider recommended a retrospective urine drug screen dated 08/07/2014; 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:

Retrospective review for date of service (DOS): 8/7/14 for Urinalysis, GC/MS, Opiates and Creatinine: Upheld

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

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

Decision rationale: The request for a retrospective review for date of service 08/07/2014 for urinalysis, GC/MS, opiates and creatinine is not medically necessary. The California MTUS Guidelines recommend a urine drug test to assess for the use of presence of illegal drugs. It may be useful in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker had displayed any aberrant behaviors, 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, the medical necessity has not been established.