

Case Number:	CM14-0081903		
Date Assigned:	07/18/2014	Date of Injury:	08/09/2013
Decision Date:	10/02/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine 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 23 year old female who was injured on 08/09/13 when slipped on a wet floor and fell. The injured worker complains of moderate low back pain and stiffness radiating to the bilateral lower extremities with tingling and constant severe tail bone pain. The injured worker is diagnosed with lumbago and lumbar muscle spasm. Treatment has included a home exercise program, acupuncture and medication management. Medications have included naproxen, Flexeril, tramadol, Prilosec, omeprazole and Mentherm cream. A request for a Urine Toxicology Test was submitted on 05/07/14 and denied by Utilization Review dated 05/14/14 due to a lack of documentation including concerns of the injured worker's medication/controlled substance usage. This is an appeal request for a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a urine toxicology test is not recommended as medically necessary. California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that urine drug screens are an option to assess for the use or presence of illegal drugs, as a step to take before a therapeutic trial of opioids, or as a step to avoid misuse of or addiction to opioids. Records do not include evidence that the treating provider is concerned regarding the injured worker's use of opioids and/or other controlled substances. Records do not indicate the treating provider intends to start the injured worker on any new opioids. Based on the clinical information provided, medical necessity of a urine toxicology test is not established.