

Case Number:	CM14-0213632		
Date Assigned:	12/31/2014	Date of Injury:	06/03/2013
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 44-year-old woman with a date of injury of June 3, 2013. The mechanism of injury occurred when the IW had caught falling boxes and injured herself. The injured worker's working diagnoses are right elbow (illegible); lateral epicondylitis; and left knee strain. The remaining diagnoses are completely illegible. Pursuant to the handwritten, largely illegible progress report dated December 3, 2014, the subjective complains are illegible. Physical examination reveals positive impingement in the right shoulder. Right elbow positive lateral (illegible). Right (illegible) pain with range of motion. The remainder of the objective documentation is illegible. There is a check box marked in the body of the progress report dated November 5, 2014. The results were not in the medical record. According to the documentation, the IW was using topical cream (names not provided). The current request is for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78 and 94-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low-risk, intermediate or high risk for drug misuse or abuse. In this case, the documentation is largely illegible. The diagnoses are largely illegible. One of the diagnoses appear to be right elbow lateral epicondylitis, left knee strain, the remaining diagnoses are not legible. A November 5, 2014 progress note requested a drug urine toxicology screen. The results are not in the medical record. A progress note dated December 3, 2014 has a box checked for a urine toxicology screen. There were no other urine drug screens requested in the medical record nor is there a risk assessment in the medical record. The result of the urine drug screens were not in the medical record. The documentation did not contain a specific clinical indication for performing monthly urine drug toxicology screen. The medical record does not contain documentation of drug misuse or abuse or aberrant or drug seeking behavior. Consequently, absent clinical documentation to support urine toxicology screens based on drug misuse or abuse or aberrant drug seeking behavior and a risk assessment and a clinical rationale, urine drug testing is not medically necessary.