

Case Number:	CM15-0010201		
Date Assigned:	01/27/2015	Date of Injury:	06/21/2008
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/19/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 male who sustained an industrial related injury on 6/21/08. The injured worker had complaints of pain and burning in the head, neck, shoulders, forearms, hands, back, and lower extremities. Right sided facial numbness was also noted. Treatment included psychiatry appointments, physical therapy, injections, and medications. Prescriptions included Norco, Ibuprofen, and Omeprazole. Diagnoses included neck pain, chronic pain, myofascial pain, rotator cut disorder, chronic pain syndrome, dysthymic disorder, numbness, carpal tunnel syndrome, facet joint disease of cervical region, degeneration of cervical intervertebral disc, anxiety, and depression. The treating physician requested authorization for high complexity qualitative urine drug screen immunoassay method. On 12/26/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of aberrant behavior, medication misuse, or abuse that would require high complexity qualitative testing. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Complexity Qualitative Urine Drug Screen, Immunoassay Method: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. In this patient's case, there is no provided documentation that supports aberrant behavior. He passed a 10/2014 drug screen successfully. He appears to be taking his narcotic medication as prescribed. There is no justification provided for a high complexity qualitative urine drug screen. Therefore, this request for drug testing is not considered medically necessary.