

Case Number:	CM15-0015980		
Date Assigned:	02/04/2015	Date of Injury:	01/21/2011
Decision Date:	05/21/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 64 year old male, who sustained an industrial injury on 1/21/2011. The current diagnoses are Kienbock's disease, possible foreign body in the left eye, left foot metatarsalgia, depression, and toxic fume exposure with sinusitis and wheezing. According to the progress report dated 12/11/2014, the injured worker is frustrated with lack of care. The current medications are Motrin. Treatment to date has included medication management, X-rays, MRI studies, and wrist brace. The plan of care includes urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns

of abuse, addiction, or poor pain control. Per available documentation, this patient is not being treated currently with opioid medications, and has not been treated in the past with opioid medication. He is currently prescribed only Motrin for pain control. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for urine drug testing is not medically necessary.