

Case Number:	CM15-0018256		
Date Assigned:	02/06/2015	Date of Injury:	02/14/2014
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: District of Columbia, Virginia
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 is a 45 year old female, who sustained an industrial injury on 2/14/14. She has reported left shoulder and back pain. The diagnoses have included lumbar disk displacement and rotator cuff syndrome. Treatment to date has included aquatic physical therapy and oral medication. As of the PR2 dated 1/8/15, the injured worker reported pain in the left shoulder, cervical and lumbar spine. The treating physician requested a urine toxicology screen. There are no previous urine drug screen results or progress notes in the case file. On 1/20/15 Utilization Review non-certified a request for a urine toxicology screen. The utilization review physician cited medical necessity and MTUS guidelines. On 1/30/15, the injured worker submitted an application for IMR for review of a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43,89.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. From the clinical documentation provided, it is not clear that the patient was on opiates or other habit-forming medications for which monitoring would be required. It would not be indicated.