

Case Number:	CM15-0118806		
Date Assigned:	06/29/2015	Date of Injury:	10/17/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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:

This is a 43-year-old male with an October 17, 2014 date of injury. A progress note dated May 26, 2015 documents subjective complaints (continuous lower back pain with pain radiating to both hips; pain level rated at a level of 5/10 but varies throughout the day; numbness, weakness, tingling, and burning-type sensation; continuous right groin/hernia pain; pain rated at a level of 5-7/10), objective findings (decreased range of motion of the lumbar spine), and current diagnoses (lumbago; lumbar spine sprain/strain; status post right inguinal hernia). Treatments to date have included hernia repair and over the counter medications. The treating physician documented a plan of care that included 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 Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

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. In this case, the available documentation on provides evidence of over-the-counter medications. There is no indication that the injured worker is taking any medications that would necessitate a urine drug screen. The request for urine toxicology screening is determined to not be medically necessary.