

Case Number:	CM15-0129358		
Date Assigned:	07/15/2015	Date of Injury:	11/10/2009
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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, 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 is a 63 year old male, who sustained an industrial injury on 11/10/2009. He reported a fall off mechanical equipment resulting in loss of consciousness, head wound and injury to neck, low back and shoulder. Diagnoses include lumbago, and cervical pain. He is status post right shoulder surgery, left shoulder surgery, and lumbar spine surgery. Treatments to date include activity modification, physical therapy, TENS unit, therapeutic injections, and medication therapy. Currently, he complained of intermittent neck pain with radiation to left shoulder, constant low back pain with radiation to left hip and intermittent left shoulder pain. On 5/5/15, the physical examination documented no acute clinical findings. The plan of care included urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain (Chronic) last updated 06/15/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, toxicology is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, 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 is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are cervical pain; lumbago; left shoulder impingement syndrome; and pain joint pelvic region. The date of injury is November 10, 2009. Request for authorization is June 24, 2015. A consistent urine drug screen was performed on March 27, 2015. A progress note from the requesting provider dated May 5, 2015 subjectively states the injured worker has neck, back, left shoulder, and left hip complaints. Objectively, there are no abnormal physical findings noted. Medications are not listed. There is no clinical discussion, indication or rationale for a urine drug toxicology screen. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and rationale and aberrant drug-related behavior, drug misuse or abuse with a consistent urine drug screen performed March 27, 2015, toxicology is not medically necessary.