

Case Number:	CM15-0169228		
Date Assigned:	10/01/2015	Date of Injury:	02/10/2014
Decision Date:	11/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 39 year old male, who sustained an industrial injury on 2-10-14. The injured worker is being treated for bilateral elbow pain and repetitive lifting continuous trauma injury. Previous urine drug screen performed 2-2015 was consistent with medications prescribed. Treatment to date has included oral medications including Norco 10-325mg, home exercise program and activity modifications. On 6-29-15, the injured worker complained of worse pain rated 4-5 out of 10 with medications and 8 out of 10 without medications. On 7-2-15, the injured worker complains of continued bilateral elbow pain. With medications, he is able to walk dog, grocery shop and perform normal daily activities. Work status is unclear. Physical exam performed on 6-29-15 revealed positive straight leg raising in bilateral legs, facet loading was positive, decreased sensation to light touch in bilateral lower extremities, weakness in bilateral lower extremities with dorsiflexion and tenderness to palpation over the scapular border, lumbar paraspinal muscles, right elbow and medial-lateral epicondyles and on 7-2-15 revealed full range of motion of bilateral elbows and minimal tenderness of the elbows. On 7-2-15, a request for authorization was submitted for Norco 10-325mg #180 and a urine drug screen. On 7-30-15 a request for urine drug screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, a urine drug test was obtained 2/10/15 and the results were consistent with the prescribed medical regimen. There is no specific indication for repeat urine testing at this interval. There is no documentation of previous misuse or illicit behavior. The recommendation according to the guidelines would be for testing annually. Medical necessity for the requested urine drug test has not been established. The requested urine drug screening is not medically necessary.