

Case Number:	CM15-0170074		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2009
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, Florida, 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 injured worker is a 54 year old female, who sustained an industrial injury on 06-03-2009. The injured worker was diagnosed as having head pain, cervical musculoligamentous strain-sprain with radiculitis, thoracic musculoligamentous strain, lumbosacral musculoligamentous strain-sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain-sprain, rule out bilateral shoulder impingement syndrome and bilateral elbow strain-sprain. On medical records dated 05-11-2015 the subjective findings noted as having headaches, pain in neck, mid and upper back, lower back, bilateral shoulders, bilateral elbow, bilateral knee and bilateral ankles and depression. The injured worker was noted as temporarily totally disabled. Treatments to date included acupuncture, physical therapy and medications. Current medication were not mentioned on progress note. The Utilization Review (UR) dated 07-31-2015. The Request for Authorization dated 05-11-2015. The UR submitted for this medical review indicated that the request for retrospective request for urine toxicology screen, quantity: 1, date of service: 5/11/2015, for medications monitoring was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine toxicology screen, quantity: 1, date of service: 5/11/15:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: This claimant was injured in 2009, now six years ago, with head pain, cervical musculoligamentous strain-sprain with radiculitis, thoracic musculoligamentous strain, lumbosacral musculoligamentous strain-sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain-sprain, rule out bilateral shoulder impingement syndrome and bilateral elbow strain-strain. Treatments to date included acupuncture, physical therapy and medications. Current medication were not mentioned on progress note. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: 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. Drug tests should not be given automatically, or routinely, without clinical indication. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The retrospective request was appropriately non-certified under MTUS criteria. The request is not medically necessary.