

Case Number:	CM15-0096139		
Date Assigned:	05/26/2015	Date of Injury:	11/26/2012
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 62-year-old male, who sustained an industrial injury on 11/26/2012. He reported pain to the neck, shoulders, thoracic and low back after slipping and falling. The injured worker was diagnosed as having shoulder region disorder, lumbosacral neuritis, brachial, neuritis, lumbago, and cervicalgia. Treatment to date has included modified work, acupuncture, physical therapy, and magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, and chiropractic treatment, and urine toxicology review (10/8/2014). The request is for a drug screen multi drug class. On 10/1/2014, complained of back, neck, shoulders and thoracic spine pain. On 11/12/2014, he complained of neck to low back pain and shoulder pain. He rated his pain as 4/10, and indicated that sitting for long periods will increase the pain. The medical records do not indicate he had aberrant behavior with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. In addition, the claimant was initiated on Cyclobenzaprine with as needed use at the time of the screen and inconsistent results noted on 10/3/14 is not applicable. Based on the above references and clinical history a urine toxicology screen is not medically necessary.