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| Case Number: | CM15-0099219 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 12/09/2011 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on December 9, 2011. The mechanism of injury was not provided. The injured worker has been treated for hypertension and abdominal complaints. The diagnoses have included gastropathy, gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, gastritis, irritable bowel syndrome, internal hemorrhoids, hiatal hernia, abdominal pain, hypertension aggravated by the industrial injury, blurred vision, sleep disorder and hyperlipidemia. Treatment to date has included medications, radiological studies, carotid ultrasound, abdominal ultrasound and cardio-respiratory diagnostic testing. Current documentation dated April 8, 2015 notes that the injured worker reported an improvement in his abdominal pain and acid reflux. He also noted unchanged constipation and unchanged hypertension. Objective findings noted the injured workers abdomen to be soft with normal bowel sounds. The treating physician's plan of care included a request for urine toxicology screen test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen (UDS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Urine drug testing (UDT).

Decision rationale: The patient presents with diagnoses of gastropathy, gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, gastritis, irritable bowel syndrome, internal hemorrhoids, hiatal hernia, abdominal pain, hypertension aggravated by the industrial injury, blurred vision, sleep disorder and hyperlipidemia. The current request is for Urine toxicology screen (UDS). The treating physician states in the 4/8/15 (15B) treatment report, "urine toxicology screen was ordered during today's visit." ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." A prior urine toxicology screen was authorized on 2/26/15 (7A) however, the clinical history provided does not demonstrate if the patient has completed the test and/or the results from said test. A urine toxicology screen was completed on 4/8/15 and reported on 4/14/15 (38B). The clinical history did not include a narrative of the 4/8/15 urine drug screen however; there is no indication in the clinical history that the results of any prior urine drug screen indicated the patient's risk stratification needed to be raised. The clinical history provided does not establish that there is a concern regarding the presence of illegal drugs in this patient. The patient's risk stratification is not documented, which would dictate the patient's risk level and in turn the frequency with which testing should be done. The current request is not medically necessary.