

Case Number:	CM14-0138944		
Date Assigned:	09/05/2014	Date of Injury:	06/27/2011
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 06/27/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included abdominal pain, and psychiatric diagnosis. The previous treatments included medication, home exercise, and H wave. Within the clinical note dated 04/03/2014, it was reported the injured worker complained of right lower extremity pain which radiated to the calf and ankle. Medication regimen included naproxen and topical creams. Upon the physical examination, the provider noted the injured worker had tenderness and spasms over the paravertebral area and muscle guarding noted on range of motion. The range of motion was noted to be flexion at 44 degrees, and extension at 10 degrees. The injured worker had a positive straight leg raise on the right. The request submitted is for retrospective urine toxicology screening. However, a rationale is not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine toxicology screening DOS: 4/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary- Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43..

Decision rationale: The request for retrospective urine toxicology screening DOS: 04/15/2014 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant drug seeking behaviors or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug taking behaviors. There is lack of documentation indicating the injured worker to be on opioid medication. Therefore, the request is not medically necessary.