

Case Number:	CM14-0147981		
Date Assigned:	09/15/2014	Date of Injury:	11/22/2013
Decision Date:	10/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family Practice, 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:

35 yr. old female claimant sustained a work injury on 11/22/13 involving the neck, left knee, low back and face. She was diagnosed with cervical spine disc protrusion, lumbar spine disc protrusion, facial trauma and left knee effusions. A progress note on 8/18/14 indicated the claimant had 8/10 back and knee pain. Exam findings were notable for cervical and lumbar paraspinal tenderness with reduced range of motion. The claimant had been on Tramadol and Naprosyn for pain. The treating physician recommended 6 chiropractor sessions as well as Hydrocodone. A urine toxicology screen was ordered to monitor compliance. A prior urine drug screen in January 2014 was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology- Urine drug screen x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 83-91.

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. Based on the above references and clinical history a urine toxicology screen is not medically necessary.