

Case Number:	CM13-0010209		
Date Assigned:	11/01/2013	Date of Injury:	04/01/2011
Decision Date:	01/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology 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 physician 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 patient is a 53 year old female with date of injury April 1, 2011. The mechanism of injury is stated to be an industrial injury to the right hand from repetitive trauma. The patient has complained of chronic neck, right shoulder and right hand pain. An MRI of the right hand performed in May 2013 showed a distal radioulnar joint effusion. Cervical spine radiographs were performed in May 2013 which showed degenerative joint disease of the cervical spine. Two surgeries have been performed on the right hand (trigger finger releases). In addition to the surgery, the patient has been treated with splinting, physical therapy, injections and medications. Objective (April 2013): cervical spine tenderness with palpation and decreased range of motion, right shoulder tenderness to palpation and a positive Neer sign. Diagnoses: cervical spine radiculopathy, right hand pain. Treatment plan and request: drug screen testing, urine toxicology and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for a Drug screen testing, Urine toxicology and labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,94-95. Decision based on Non-MTUS Citation ODG 2013 (pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Opioids: steps to avoid misuse/ addiction Page(s): 94-95.

Decision rationale: This 53 year old female has reported chronic neck, right shoulder and right hand pain. She has been treated with physical therapy, surgery, injections and medications. The available provider medical records do not provide documentation of the reasoning or the request for obtaining drug screen testing, urine toxicology and labs. Per the MTUS guidelines cited above, urine toxicology screening is a method to assist in avoidance of misuse or addiction of an opiate. There is no provider documentation that supports obtaining the requesting tests. On the basis of this lack of provider documentation, drug screen testing, labs and urine toxicology are not indicated as medically necessary.