

Case Number:	CM13-0015835		
Date Assigned:	10/08/2013	Date of Injury:	05/29/2012
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was a 49-year-old male with date of injury to left shoulder and left wrist from 11/01/11 to 10/10/2012. The mechanism of injury was excessive use of jackhammer and sledgehammer. The patient has persistent pain in his left shoulder and left wrist. Diagnoses included bilateral shoulder strain, left shoulder impingement syndrome, bilateral carpal tunnel syndrome, and bilateral wrist sprain. He was treated with physical therapy, massage, moist heat, ultrasound, electrical stimulation, and medications. A claim for urine drug testing was submitted on July 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Screen to rule out medication toxicity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control. In this case the patient had persistent pain, but there is no documentation of addiction or abuse. In addition the patient had

already had four urine drug tests in the previous six months. None of these tests indicated any drug use other than the medications that were prescribed. The repeat urine drug testing was not necessary