

Case Number:	CM13-0016514		
Date Assigned:	11/06/2013	Date of Injury:	04/18/2012
Decision Date:	01/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 4/8/12. The treating diagnoses include right carpal tunnel syndrome and right wrist tenosynovitis. On 6/27/13, a pain physician saw the patient in followup, and noted the patient presented with a flare-up of symptoms of the right wrist. The patient reported that she went back to work and still had pain. She stated the medication was helping her, and she was awaiting surgery. A PR-2 report of 8/8/13 describes a plan for a median nerve block, but does not clearly discuss pharmacological treatment. A followup note of 9/5/13 describes a plan to continue tramadol for its neuropathic benefit, and notes that the patient was awaiting approval for a median nerve injection at the carpal tunnel. An initial physician review recommended non-certification of urinalysis screening based upon the lack of clinical documentation to clarify the medications prescribed at the time the urine drug screening was requested and the clinical rationale for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

one urinalysis drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on drug testing states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medical records at the time of review and thereafter are unclear in terms of what medications are to be screened, what risk factors may be present for aberrant behavior, and the rationale for urine drug testing, as well as the frequency of proposed urine drug testing. The medical records and guidelines do not support this requested testing.