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| Case Number: | CM13-0048664 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 06/26/2011 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 Orthopedic Surgery and is licensed to practice in Texas. 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 55 year old female who reported an injury to her left wrist and hand. The injured worker described the initial injury as occurring on 06/26/11 when she pushed a heavy mail cart down a sloping floor. The injured worker reached out to grab the cart and was abruptly jerked forward resulting in left elbow and wrist pain. The clinical note dated 07/16/13 indicates the injured worker complaining of left wrist and hand pain. The note does indicate the injured worker utilizing Norco at that time for pain relief. Upon exam, tenderness was identified in the left hand. The utilization review dated 10/21/13 resulted in a denial for a urinalysis as inadequate information had been submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Drug testing Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary under the Chronic Pain Medical Treatment Guidelines. The documentation indicates the injured worker

having previously been utilizing opioid therapy to include Norco. However, no information was submitted regarding the injured worker's continued use of opioids to address the ongoing complaints of pain. Additionally, no information was submitted regarding the injured worker's aberrant behaviors. Furthermore, no information was submitted regarding the injured worker's potential for drug misuse. Given these factors, this request is not indicated as medically necessary.