

Case Number:	CM13-0050711		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 and is licensed to practice in Washington DC and Virginia. 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 46-year-old female who had injuries to her lumbar spine, bilateral elbows and hands/wrist, and her right leg. She used to work in a medical facility and she had prolonged keyboarding at a non-ergonomic keyboard. This was in 2007. In May 10 2013, patient had a slip and fall on slippery stairs, which led to injury to her right wrist. She was given tramadol and had three (3) physical therapy sessions. On May 20 2013, she had ongoing pain complaints to her right elbow and leg, as well as her back. This was sustained after walking across a path covered by leaves. She was given testing with x-rays, a massager and heating pad. She then had three (3) more physical therapy sessions. She had a session with chiropractic treatment. In August 2013, she had electro diagnostic testing of her right upper extremity. Electro diagnostic testing done on September 10, 2013 did show mild carpal tunnel syndrome but no evidence of ulnar neuropathy, radial neuropathy, or cervical radiculopathy. ██████ saw the patient on October 2, 2013. He recommended further testing with MRI scans of the right wrist and lumbar spine. He also recommended medications: Tylenol number 3, bio Therm cream. The patient had a urine drug screen performed on October 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain procedure summary

Decision rationale: This patient had multiple pain complaints and given a new prescription for Tylenol # 3. She was concurrently given a urine drug screen. According to the California MTUS guidelines, when less serious warning signs arise, the following have been recommended (after making sure that there is no change in the patient's condition that has introduced a need for additional treatment): Initiate closer monitoring with more frequent visits. According to the ODG Pain procedure summary, urine testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical data when decisions are to be made to continue, adjust or discontinue treatment. Patients who are low risk for addiction should be tested within six months of initiating therapy and on a yearly basis. For this patient, there were no clinical indicators, from the documentation provided, that the patient was at high risk for adverse outcome. There was no demonstrated need for more frequent testing than the standard guidelines suggest. Therefore, the request is not certified.