

Case Number:	CM13-0054743		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2001
Decision Date:	03/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine 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 injured her left wrist on 07/19/2011 while at work, she indicated that as she pulled a heavy box out from under her desk she felt a pop in her left wrist, visit notes dated 07/17/13 indicated the patient complaints of pain to her left wrist, left elbow, left shoulder and base of neck bilaterally. She also notes the left upper extremity pain is better with medication. Objective findings the patient ambulated to the examination room without assistance. she sat comfortably on the examination table without difficulty. The patient current medications Hydrocodone bitartrate/acetaminophen 10-35mg, Nabumetone-reflaxen 500 mg, Tizanidine-zanaflex 4mg, Ibuprofen (OTC), Tramadol. Her physician has recommended treatment with medication and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

Decision rationale: Criteria for use of opioids, on-Going Management, recommends the use of drug screening in the setting of poor pain control which the patient appears to have had. There

does not appear to have been a recent urine drug screen at the time of the request. There is no mention of suspected abuse or aberrant behavior in the available medical records. I agree with UR decision for partial certification consisting of random 10-panel drug screen, qualitative.