

Case Number:	CM13-0057017		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2013
Decision Date:	03/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 New York. 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 claimant is 50 year old female who sustained a work injury on 06/25/2013. The mechanism of injury was not provided. Her diagnoses include right carpal tunnel syndrome, and right wrist strain/sprain. She complains of sharp right wrist pain with numbness of the right hand. On exam she has muscle spasm of the right forearm but full range of motion at the wrist. The Tinel and Finkelstein tests were positive on the right and the Phalen's test caused radiating pain in the right wrist. She is maintained on medical therapy with Flexeril 7.5mg bid, Naproxen, and Omeprazole 20mg bid. The treating provider has requested urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

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

Decision rationale: The claimant's treating provider requested a urine drug screen. Per Chronic Pain Management Treatment Guidelines, urine toxicology is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and

potential misuse of other medications. There is no specific documentation in terms of the drugs to be tested, the risk for aberrant behavior, and the overall rationale for the requested urine toxicology. Medical necessity for the requested item has not been established. The requested service is not medically necessary.