

Case Number:	CM13-0061610		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2005
Decision Date:	05/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female who reported an injury on 08/26/2005. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her bilateral wrists and underwent a right carpal tunnel decompression in 2008. The injured worker has received multiple conservative treatments, to include opioid medications. The injured worker was evaluated on 11/18/2013. It was documented that the use of her medications allowed her improved function and to participate in work activities and activities of daily living. The injured worker's medications were documented as naproxen sodium, Synovacin glucosamine sulfate, pantoprazole, hydrocodone, tramadol, cyclobenzaprine and Ambien. The injured worker's diagnoses included pain in the shoulder joint, carpal tunnel syndrome and status post right shoulder arthroscopy and revision. It was documented that the injured worker had undergone a urine drug screen on 06/24/2013 that was consistent with medication usage. The injured worker's treatment plan included the continuation of medications, the use of a TENS unit and a urine drug screen. It was documented that the injured worker underwent a urine drug screen on 11/19/2013 that was consistent with the injured worker's medication usage. An appeal to utilization review dated 12/06/2013 documented that the injured worker did not have any urine drug screens between 11/2012 and 06/2013. It was noted that a urine drug screen was performed in 06/2013 to ensure compliance to a prescribed medication schedule. A request for reconsideration for the authorization of the urine drug screen performed on 06/21/2013 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN (UDS) X 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION DRUG TESTING.

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

Decision rationale: The retrospective urine drug screen (UDS) times 14 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend urine drug screens to ensure compliance to a prescribed medication schedule of injured workers who are being treated with chronic opioid therapy. The clinical documentation does support that the injured worker has been on opioid therapy for an extended duration; therefore, random urine drug screens would be appropriate for this injured worker. It is noted within the documentation that the injured worker did not receive a urine drug screen between 11/2012 and 06/2013. Therefore, it is unclear why a retrospective request for 14 urine drug screens would be appropriate for this injured worker. There was no documentation that the injured worker has received 14 urine drug screens prior to the injured worker's most recent clinical documentation. As such, the retrospective urine drug screen (UDS) times 14 is not medically necessary or appropriate.