

Case Number:	CM13-0063089		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2009
Decision Date:	04/14/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Medicine 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 patient is a 60-year-old female who reported an injury on 05/21/2009. The patient had been treated for a cervical strain, right shoulder impingement syndrome, bilateral upper extremity tendinopathy, status post bilateral ulnar transposition, and bilateral carpal tunnel release as well as left de Quervain's tenosynovitis. The patient was most recently seen on 10/22/2013, with significant bilateral upper extremity symptomatology with aching, pain, numbness, and sensation of pins and needles. Radiographs of the right hand were taken on that date that showed the fifth digit has soft tissue swelling, with no intra-articular abnormalities, with the remainder of the wrist intact. A urine specimen was also obtained to monitor medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR A URINALYSIS WITH A DATE OF SERVICE OF 10/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43, 78 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to California MTUS Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Urine drug screens are also utilized to monitor patient compliance with narcotic use, as well as efficacy from the medication being utilized for pain control. Official Disability Guidelines has also been referred to in this case and states that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. In the case of this patient, there is documentation of the patient having undergone several urine drug screenings within the last year. Therefore, there is no evidence to indicate the patient is at an increased risk to warrant a urine drug screen at a higher frequency. Furthermore, the request does not indicate a specific date of which a urine drug screen is being requested for study. As such, without having evidence that the patient is a high risk case necessitating frequency urine drug screens for compliance, the requested service is not deemed medically necessary and is non-certified.