

Case Number:	CM13-0067609		
Date Assigned:	01/03/2014	Date of Injury:	12/27/2010
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 54-year-old female who reported an injury on 12/27/2010. The mechanism of injury was not stated. The patient is currently diagnosed as status post left knee arthroscopy on 05/08/2013, bilateral carpal tunnel syndrome, lumbar spine degenerative disc disease, bilateral knee degenerative joint disease, multilevel lumbar spine disc bulge with annular tear, and right S1 radiculopathy. The patient was seen by [REDACTED] on 11/13/2013. The patient reported 7/10 pain. The patient was also status post a right carpal tunnel release. Physical examination revealed full range of motion of bilateral wrists, positive Durkan's, positive Tinel's and positive Phalen's testing as well as a well-healed carpal tunnel release scar on the right, diminished lumbar range of motion and diminished knee range of motion. Treatment recommendations included authorization for quarterly labs and urine POC testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - urine drug screen labs and urine drug screenings to be done quarterly to make sure the patient can safely metabolize and secrete the medications as prescribed:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 3 years ago to date, and there was no indication of noncompliance or misuse of medication. There was no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.