

Case Number:	CM13-0067895		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2003
Decision Date:	04/01/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 a 50 year old female who sustained a work injury on 05/27/2003. The mechanism of injury was not provided. Her diagnoses include bilateral forearm/wrist flexor and extensor tendonitis with dynamic carpal tunnel syndrome and bilateral DeQuervain's tenosynovitis; s/p right carpal tunnel release; cervical/trapezial musculoligamentous sprain with disc protrusion at C4-C5 and C6-C7. Treatment has included medical therapy including opiates, right carpal tunnel release and right ring finger release. The treating provider has requested a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009 Drug testing Page(s): 43.

Decision rationale: Per Chronic Pain Management Treatment Guidelines, urine drug screening 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 documentation

provided of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Medical necessity for the requested item has not been established. The requested item is not medically necessary.