

Case Number:	CM13-0070794		
Date Assigned:	01/08/2014	Date of Injury:	03/26/2013
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 California. 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 patient is an employee of [REDACTED] and has submitted a claim for right upper extremity CRPS (chronic regional pain syndrome) associated with an industrial injury date of March 26, 2013. Treatment to date has included oral analgesics, right upper extremity surgery, and physical therapy. Medical records from 2013 were reviewed and showed right hand pain graded 8/10 radiating to the shoulder described as severe burning pain with intermittent significant swelling, color changes, sweating, cold sensation and discoloration. The patient notes blanched white color of the right hand every morning. Physical examination showed mild tenderness over the paracervical area with slight muscle guarding; improvement of the range of motion of the right shoulder, elbow and index finger, but not of the wrist and hand motion; limitation of motion of right hand fingers; shiny appearance of the right hand; decreased sensation over the median nerve distribution; and diminished muscle power and strength of the right hand. Diagnoses include regional pain syndrome of the right upper extremity and fracture of the right distal radius and ulna, presently healed post ORIF of the radius (4/10/2013). The patient is currently on naproxen; he was previously noted to be on Norco as far back as back as April 2013, however the duration and frequency of use were not discussed. A random urine drug screening was requested for the purpose of monitoring, documenting and ensuring patient compliance with the medications. Utilization review dated December 16, 2013 denied the requests for urine drug screen DOS 12/3/2013 and random urine drug screening once per quarter for four times a year due to no documentation of treatment with opioid/controlled substances and no suspicion of illicit drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREENING RETRO DOS 12/3/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, , 78

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines indicates that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the employee has been taking Norco as far back as April 2013. There has been no recent urine drug screen that was performed based on the medical records submitted. The medical necessity has been established. Therefore, the request for urine drug screening retro DOS 12/3/2013 is medically necessary.

RANDOM DRUG SCREENING ONCE PER QUARTER FOR FOUR TIMES PER YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, , 78

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines indicates that routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the employee has been taking Norco as far back as April 2013. However, there is no discussion concerning the quantity being requested, since there is likewise no finding of aberrant drug behavior. Urine drug screens should be independently scheduled depending on ongoing assessment of risk factors. Therefore, the request for random drug screening once per quarter for four times per year is not medically necessary according to the California MTUS.