

Case Number:	CM14-0000393		
Date Assigned:	01/10/2014	Date of Injury:	08/15/2013
Decision Date:	06/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgeon 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 injured worker is a 59 year old female injured on 08/15/13 when she was walking a fell forward injuring her forehead, teeth, head, neck, bilateral hands, bilateral elbows, and low back. Current diagnoses included acute cervical strain, bilateral hand contusion rule out carpal tunnel syndrome, bilateral elbow strain rule out cubital tunnel syndrome, and acute lumbar strain. Clinical note dated 11/07/13 indicated the injured worker presented with continued complaints of headaches accompanied with dizziness and nausea, cervical spine pain radiating to her shoulders, arms, and hands with associated numbness and tingling in the upper extremities. The injured worker also complained of intermittent pain in the mid and low back radiating to her right leg. The injured worker also complained of intermittent pain in bilateral hands and wrists in addition to pain in bilateral elbows with associated numbness and tingling in bilateral hands. The injured worker indicated she had cramping a weakness in her hands and dropped several objects. Her pain increased with gripping, grasping, and repetitive hand and finger movements. The injured worker was recommended trial of chiropractic care, EMG/NCS of bilateral upper extremities, and medication management including naproxen, and Biotherm topical cream. Urine drug screen was performed at the initial evaluation. Subsequent clinical documentation indicated the injured worker presented complaining of constant persistent neck, back, bilateral elbow, bilateral hand pain the injured worker reported medications helped her pain with a reduction from 9/10 to 2/10. She also reported numbness in her fourth and fifth digits of bilateral hands with stiffness in her neck and low back. Physical examination revealed limited range of motion of the cervical spine, tenderness to the paraspinal and trapezius muscles bilaterally, decreased strength and sensation bilaterally with 4/5 nerve root C5, C6, C7, deep tendon reflexes 2+ bilaterally. Physical examination of the lumbar spine showed decreased range of motion bilaterally, strength and sensation were both normal at 5/5 at L4, L5, and S1, deep tendon reflexes were 2+ bilaterally,

positive straight leg rise on the left at 60 degrees to posterior thigh. Elbow examination showed normal range of motion bilaterally, tenderness to medial epicondyle bilaterally, and strength was 5/5 bilaterally at elbows. Both wrists and hands revealed normal range of motion, decreased sensation on the ulnar aspect of bilateral hands at 4/5, and positive Phalen and Tinel tests bilaterally. The initial request for urine drug screen was non-certified on 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. Additionally, they can be used to detect the presence of drug dependence or diversion. However, there is no indication in the documentation of suspicion of diversion, dependence, or the use of opioid medications. Additionally, there is no indication in the documentation of the intent to initiate the use of opioid medications requiring assessment of the patient's baseline status. As such, the request for urine drug screen cannot be recommended as medically necessary at this time.