

Case Number:	CM14-0007205		
Date Assigned:	02/07/2014	Date of Injury:	08/04/2008
Decision Date:	11/06/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 Family 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 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 had a date of injury on 8/4/2008. Medical records were reviewed. A cylinder hit the patient's right arm and shoulder while he was changing a wire. The cylinder was pushed out due to the switch being accidentally activated. The patient continues to have occasional numbness and tingling in the whole left arm and all digits. The diagnosis includes left shoulder rotator cuff tear - s/p repair x 2, and left carpal tunnel release with residuals. The patient is taking Motrin for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 78-80.

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, drug screens such as urine toxicology should be done for patients on opiate therapy or prior to starting opitae therapy for pain. According to the patient's medical records, there is no indication as to why urine toxicology is needed. Therefore, this request is not medically necessary.

