

Case Number:	CM14-0008257		
Date Assigned:	02/07/2014	Date of Injury:	04/28/2011
Decision Date:	08/06/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44 year old female who reported an injury to her right upper extremity. The agreed medical examination dated 04/25/13 indicates the initial injury occurred on 04/20/11 as a result of when she felt a popping sensation in the right wrist which caused a burning in the hand and wrist. The injured worker also reported right shoulder and elbow pain as well. The injured worker stated the upper extremity pain was causing difficulties with her sleep hygiene. The injured worker rated the pain as 7-9/10. The clinical note dated 10/14/13 indicates the injured worker demonstrating range of motion deficits throughout the right shoulder. The injured worker reported that she has good and bad days. There is an indication the injured worker has undergone 18 physical therapy sessions to date. The clinical note dated 10/28/13 indicates the injured worker complaining of less depression and insomnia. The injured worker denied any anxiety or suicide ideation. There is an indication the injured worker is continuing with right wrist pain. The clinical note dated 12/23/13 indicates the injured worker continuing with right wrist and shoulder pain.

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 OPIOIDS-PAIN TREATMENT AGREEMENT Page(s): 89.

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

Decision rationale: The documentation indicates the injured worker complaining of significant pain at the right upper extremity, particularly at the wrist and shoulder. A urine drug screen is indicated for injured workers who have demonstrated aberrant behavior, potential for drug misuse, or previous studies have demonstrated non-compliance with the injured worker's drug regimen. Additionally, urine drug screens are also indicated for injured workers with ongoing opioid therapy. No information was submitted regarding the injured worker's current use of opioids. No information was submitted regarding the injured worker's potential for drug misuse, previous non-compliant studies, or the potential for aberrant behavior. Given these factors, the request is not indicated as medically necessary.