

Case Number:	CM14-0009091		
Date Assigned:	02/12/2014	Date of Injury:	10/13/2011
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational 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 is a 39-year-old female who has submitted a claim for Myofascial Pain Syndrome, Repetitive Strain Injury of Bilateral Upper Extremities, and Right Lateral Epicondylitis, associated with an industrial injury date of October 13, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in both lateral epicondyles. On physical examination, there was bilateral wrist tenderness. Tinel's sign was negative bilaterally. There was decreased sensation on both hands with acute spasm of the bilateral wrist extensors. The rest of the examination findings are unreadable due to illegible handwriting. Treatment to date has included carpal tunnel release surgery, and medications, specifically Naprosyn, Omeprazole, Neurontin, Lidocaine Patch, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE URINE SCREEN BETWEEN 12/12/2013 AND 12/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option before a therapeutic trial of opioids and to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, an appeal dated January 8, 2014 stated that the patient's last urine screen was over 3 months prior to December 12, 2013, thus performing a urine drug screen on the said date more than fulfilled the time requirement of the guidelines. However, the medical records failed to provide evidence of on-going opioid treatment or plans for a therapeutic trial of opioids. There is no clear rationale for urine drug screen; therefore, the request for a urine screen is not medically necessary.