MAXIMUS Federal Services

Case Number:	CM14-0101275		
Date Assigned:	07/30/2014	Date of Injury:	02/13/2014
Decision Date:	10/06/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 injured worker is a 27-year-old female who has submitted a claim for cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, bilateral elbow pain, bilateral elbow medial epicondylitis, bilateral elbow cubital tunnel syndrome, bilateral wrist carpal tunnel syndrome, pain in hand and fingers, and bilateral trigger thumb associated with an industrial injury date of February 13, 2014. Medical records from 2014 were reviewed. The injured worker complained of gradual pain in the neck, shoulders, and elbows which was rated 6-8/10 in severity. The neck pain was aggravated by looking up and down, side to side, and repetitive motion of the head and neck. The pain was associated with numbness and tingling of the bilateral upper extremities. Shoulder pain was aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above shoulder level. The elbow pain has associated weakness, numbness, tingling, and pain radiating to the hand and fingers. Physical examination showed tenderness at the occiput, and sternocleidomastoid muscles. There was tenderness on the splenius and scalene muscles as well. Range of motion of the cervical spine was normal. Shoulder examination revealed tenderness at the trapezius, rhomboid, and levator scapula muscles. There was also tenderness at the acromioclavicular joints. Elbow examination showed palpable tenderness over the medial epicondyles. Cozen's and Tinel's signs were positive bilaterally. There was thenar atrophy at the right wrist, and there was triggering of both thumbs, greater on the left. There was noted tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Sensation was diminished on the ulnar and median nerve over the C5, C6, and C7 dermatomes on both upper extremities. Motor strength was 4/5 in all muscle groups in the bilateral upper extremities. EMG/NCV, dated March 28, 2014, showed findings consistent with bilateral median nerve pathology versus a left and right sided cervical radiculopathy. Treatment to date has included medications, acupuncture, chiropractic treatment,

home exercise program, and activity modification. Utilization review, dated June 23, 2014, denied the request for urine analysis qty: 1.00 because the injured worker was not on opioids.

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 ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 143, Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Also, stated in CA MTUS ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, the injured worker does not have any psychiatric comorbidities or any documentation of any aberrant behavior. Furthermore, recent medical records did not document any use of opioids or non-compliance from prescribed medications. There was also no suspicion of substance misuse from the physician. The medical necessity has not been established. Therefore, the request for Urine Drug Screen is not medically necessary.