

Case Number:	CM14-0013305		
Date Assigned:	02/26/2014	Date of Injury:	04/20/2012
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 4/20/12. He was seen by his physician on 12/9/13 with complaints of ongoing discomfort, pain and weakness in his right hand and wrist. He was working modified duty. Tramadol was prescribed but was stopped due to GI upset. The patient was taking Vicodin after his surgery which he took once at bedtime. Physical examination showed generalized coolness to his right hand with edema. There was normal range of motion in his cervical spine and upper extremities. Grip strength was 2/5 on the right hand. Reflexes were 2/4 in the upper right and left extremities. He was awaiting approval for T2 sympathetic ganglion nerve block. A urine drug test obtained in 9/13 was negative. It was documented that there was no evidence of drug impairment, abuse or hoarding. Diagnoses were reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and pain in limb and fracture of radius and ulna. A prescription for Hydrocodone/APAP was given for bedtime use. A urine drug screen request is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN TEST FOR 12/9/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 43, 77, 78

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In this case, the patient's, prior drug screening was negative in 9/13. The patient reported to their physician that they took one vicodin for pain on one occasion. The records document that the patient has no issues of abuse or addiction. Therefore, the request for a urine drug screen test for 12/9/13, retrospectively is not medically necessary and appropriate.