

Case Number:	CM14-0016086		
Date Assigned:	06/04/2014	Date of Injury:	10/03/2008
Decision Date:	07/10/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal 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 injured worker is a 49 year-old female who reported an injury regarding her right shoulder, right elbow, and right wrist. The clinical note dated 11/22/13 indicates the injured worker attributing the right upper extremity involvement to repetitive use as well as fine finger manipulation required for typing and blood collecting as well as tissue sampling. The injured worker indicated that in 2003, she suddenly lost consciousness while at work. The injured worker was immediately taken to a hospital where she was informed she had a seizure. The injured worker was subsequently prescribed the use of anti-seizure medications. The injured worker stated that she had had no previous history of seizure attacks. The note does indicate the injured worker having 10 subsequent occasions of seizure activity between 2003 and 2008. The injured worker underwent a CT scan as well as an EKG. Results of these tests revealed essentially normal findings. The injured worker also reported associated findings of headaches and occasional vomiting with the seizures. Subsequent research by the injured worker revealed the laboratory she was working in was utilizing chemicals that contained Trimethylbenzene which was identified as causing seizure activity. The injured worker stated that in 2010, she had another seizure attack while at home resulting in a loss of consciousness. The injured worker stated that during the seizure she had struck her head. This resulted in a 10 day hospitalization in to include a 2 day stay in the ICU. The injured worker also reported new headaches, dizziness, as well as a loss of her sense of smell. The note does indicate the injured worker underwent a right shoulder surgery in 2011 with subsequent postoperative physical therapy. This did provide minimal benefit. No subsequent seizure attacks have been identified since 2010. There is an indication the injured worker has numbness and tingling in the hands and fingers. There is an indication the injured worker has difficulty completing her activities of daily living on a daily basis. Additionally, there was also an indication the injured worker has difficulty with climbing

stairs secondary to fatigue. There was also an indication the injured worker is lacking sufficient concentration to continue working with a computer. The note also mentions the injured worker having difficulty with sleep, fatigue, and daytime sleepiness. Upon exam, the injured worker demonstrated epigastric tenderness consistent with the subjective complaints of abdominal pain and nausea. There was also an indication the injured worker is continuing with sleep disturbance. The injured worker stated that she awakens 2-3 times each night. The clinical note dated 12/18/13 indicates the injured worker continuing with complaints of dyspnea on exertion. The note does indicate the injured worker utilizing Keppra, Naproxen, Tizanidine, Omeprazole, and Meclizine. The note does indicate the injured worker being recommended for a urine toxicology screen. The utilization review dated 12/26/13 resulted in a denial for a urine toxicology screen as insufficient information had been submitted confirming the medical need for the proposed procedure. The AME dated 02/11/14 indicates the injured worker continuing with complaints of abdominal region pain. The clinical note dated 03/18/14 indicates the injured worker continuing with right shoulder pain that was rated as 8/10. The note also indicates the injured worker having undergone an ultrasound of the abdomen which revealed unremarkable findings.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a urine toxicology screen is non-certified. The documentation indicates the injured worker having complaints of right shoulder and abdominal pain. Previous studies have resulted in unremarkable findings regarding the abdomen. The note does indicate the injured worker having undergone an operative procedure at the right shoulder. No information was submitted regarding the injured worker's significant findings indicating the need for a urine toxicology screen. No information was submitted regarding the injured worker's continued use of opioid therapy or ongoing aberrant behavior. Additionally, no information was submitted regarding the injured worker's potential for drug misuse. Given these findings, this request is not indicated as medically necessary and appropriate.