

Case Number:	CM14-0016943		
Date Assigned:	04/11/2014	Date of Injury:	02/11/1998
Decision Date:	05/28/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/10/2014

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 injured worker is a 49 year old woman with a date of injury of 6/8/9 and 2/11/98. She was seen by her primary treating physician on 12/10/13 with complaints of right arm pain and stiffness. Her physical exam showed "right shoulder and arm pain". Her diagnosis was tenosynovitis of wrist / forearm. She was to continue chiropractic treatment and a home exercise treatment program. A urine drug screen was completed showing no THC but did show hydrocodone. At issue in this review is the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN DOS: 12/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43, 77,78.

Decision rationale: This injured worker has a history of chronic pain since 1996-98. She has had various treatment modalities including use of narcotics and muscle relaxants. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the

case of this injured workers, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.