

Case Number:	CM14-0123947		
Date Assigned:	08/08/2014	Date of Injury:	03/29/2007
Decision Date:	11/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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:

This is a 45-year-old male with a 3/29/07 date of injury. During the course of his employment as a spot welder he started having tingling and numbness in the left hand associated with pain and weakness. According to a progress report dated 6/4/14 the patient complained of persistent left wrist pain rated as an 8/10. His current medications, Norco and meloxicam, are helping without adverse effects. Objective findings: tenderness noted in the left wrist joint, cystic swelling on radial aspect of left wrist, tenderness noted at left radial styloid process. Diagnostic impression: clinically consistent left De-Quervaine tenosynovitis, left wrist pain, possibility of left median neuropathy. Treatment to date: medication management, activity modification. A UR decision dated 7/22/14 denied the request for 4 random urine drug screens. In this case, the treating provider does not thoroughly explain how the patient is at moderate/high risk for aberrant behavior, which would warrant frequent testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is documented that the patient is taking Norco. Guidelines support periodic urine drug screens for patients utilizing chronic opioid therapy. However, this is a request for 4 urine drug screens. Guidelines support up to 4 drug screens a year. A specific rationale identifying why the patient requires a year's worth of urine drug screens at this time was not provided. Therefore, the request for 4 Random Urine Drug Screen was not medically necessary.