

Case Number:	CM14-0135147		
Date Assigned:	09/18/2014	Date of Injury:	12/08/2005
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family 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:

Patient is a 55-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, fibromyalgia, and cervical disc disease associated with an industrial injury date of 12/8/2005. Medical records from 2014 were reviewed. Patient complained of fatigue and sleepiness during the day secondary to fibromyalgia. She likewise complained of persistent wrist pain and neck pain. Physical exam showed tenderness of the paracervical muscles, parathoracic, and paralumbar muscles. Tinel's sign was negative bilaterally. Reflexes were intact. Gait was non-antalgic. Urine drug screen from 4/13/2014 showed consistent results with prescription medications. Urine drug screen from 2/26/2014 showed positive levels for cannabinoids. Treatment to date has included carpal tunnel release, physical therapy, aqua therapy, and medications such as Cymbalta, Lyrica, and Vicodin. Utilization review from 8/6/2014 denied the request for URINE DRUG SCREEN DOS 06/24/2014 because patient had a recent drug screen and there was no clear indication for repeat testing. There was no evidence of abuse or diversion that may warrant more frequent testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN DOS 06/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes Cymbalta, Lyrica, and Vicodin. Urine drug screen from 4/13/2014 showed consistent results with prescription medications. However, patient had a history of positive levels for cannabinoids from urine drug screen performed on 2/26/2014. The medical necessity for repeat drug testing was established given that patient had a recent history of drug abuse. Therefore, the request for urine drug screen (DOS 6/24/2014) was medically necessary.