

Case Number:	CM14-0137336		
Date Assigned:	09/05/2014	Date of Injury:	06/01/2012
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 47-year-old female with an injury date of 06/01/2012. Based on the 07/01/2014 progress report, the patient complains of having left forearm pain which radiates from her right lateral elbow to her left wrist. There is tenderness to palpation on the left lateral elbow with wrist extension. She has a positive Spurling's on the left and has decreased sensation on the left C5, C6, and C7 distribution. The 05/08/2014 report also indicates that the patient has right hand edema. The patient's diagnoses include the following: 1.R/O carpal tunnel syndrome, left. 2.Upper cervical mild foraminal stenosis. 3.Lower cervical moderate foraminal stenosis. 4.Cervical multilevel disk protrusion. 5.Radiculopathy - cervical. 6.Rotator cuff tendonitis - shoulder, right. 7.Left arm overuse syndrome tendonitis. 8.Radiculopathy left upper extremity. 9.Sleep disorder. 10.Headaches, cervicogenic. 11.Bilateral shoulder slap tear, degenerative. 12.Musculoligamentous injury lumbosacral. The utilization review determination being challenged is dated 07/22/2014. Three treatment reports were provided from 04/29/2014, 05/08/2014, and 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen:

Decision rationale: Based on the 07/01/2014 progress report, the patient complains of left forearm pain radiating from the right lateral elbow to the left wrist. The request is for a urine drug screen x6 months. The report with the request was not provided. There were no prior urine drug screens provided nor was there any discussion indicating why urine drug screens were required. The patient is currently taking Celebrex and Ultracet. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risk opiate users, ODG Guidelines provide clear guidelines for low-risk opiate users. It recommends once yearly urine drug screen following an initial screen within the first 6 months for management of chronic opiate use. It is unknown at which risk level the patient is for opiate use as they are only taking Ultracet and Celebrex. Furthermore, UDS x 6 months, or once every month for 6 months as it sounds, are excessive. The request is not medically necessary.