

Case Number:	CM14-0141159		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2014
Decision Date:	12/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedic, has a subspecialty in Orthopedic Spine Surgery 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 patient is a 40 the date of injury of February 7, 2014. Physical exam shows right shoulder positive impingement sign. At the right wrist has a positive Tinel's and a positive Phalen's sign. The patient has chronic right shoulder pain and chronic wrist pain. At issue is whether urine drug screen is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: MTUS chronic pain treatment guidelines do not recommend the long-term use of narcotics for chronic shoulder and wrist pain. Since long-term narcotic use is not recommended by guidelines, then urine drug screen is not medically necessary. Guidelines do not support the use of urine drug screen in this patient. Therefore, Urine Toxicology is not medically necessary.

