MAXIMUS Federal Services

Case Number:	CM14-0142817		
Date Assigned:	09/10/2014	Date of Injury:	09/15/2010
Decision Date:	11/04/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old female who reported an injury on 09/15/2010 due to an unknown mechanism. Diagnoses were right shoulder joint derangement unspecified and status post right carpal tunnel release with residual pain. Physical examination on 07/25/2014 revealed complaints of sharp right shoulder pain that radiated down the arms to the fingers, associated with muscle spasms. The pain was rated an 8/10. The injured worker was status post carpal tunnel release surgery of the right wrist. She continued to feel pain at the right wrist and thumb. The pain was rated an 8/10 on the pain scale. The injured worker reported that the symptoms persisted, but the medications do offer temporary relief of pain and improvement of ability to have a restful sleep. Examination of the right shoulder revealed tenderness to palpation at the supraspinatus insertion site and at the levator scapula. There was tenderness to palpation at the rhomboids and at the AC joint. Neer's impingement sign was positive. There was palpable tenderness noted over the carpal bones and at the thenar and hypothenar eminences bilaterally. Tinel's wrist was positive on the right and Phalen's was positive on the right. Medications were Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, capsaicin, flurbiprofen, tramadol, and menthol. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodic Urinalysis Toxicological Evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker was having aberrant drug taking behavior. The rationale for periodic urinalysis was not reported. The clinical information submitted for review does not provide evidence to justify periodic urinalysis toxicological evaluations. Therefore, this request is not medically necessary.