

Case Number:	CM14-0163104		
Date Assigned:	10/28/2014	Date of Injury:	02/19/2014
Decision Date:	12/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 41 year old male who had a work injury dated 2/19/14 from cumulative trauma. The diagnoses include cervical musculoligamentous sprain/strain; thoracic musculoligamentous sprain/strain; rule out left wrist carpal tunnel syndrome; left wrist ganglion cyst; left hip strain/sprain; history of depression situational resolving; history of sleep disturbance secondary to pain resolving, and history of sexual dysfunction, resolving. Under consideration are requests for urine toxicology. The patient stated that during the course of his employment his job which was physically demanding he developed constant headaches, pain in the neck, back, left wrist and left leg. He felt overloaded with work and threatened by his employer and developed depression, anxiety, problems sleeping, sexual dysfunction. In 2005 he injured his left pinky when he was moving a commercial dumpster and crushed his finger when he was pulling it in a storing space. He reported the injury. He received medical attention through the company clinic where he underwent surgery to the left pinky finger the same day. He was started on physical therapy and work with restrictions. On physical exam there is cervical spine tenderness to palpation in with muscle spasm bilaterally in paracervical/occipital; suboccipital; trapezius; levator scapulae. The upper/mid/lower thoracic region has decreased range of motion. The lumbosacral spine has tenderness to palpation bilaterally. The posterior paraspinals muscles, sacroiliac joints, posterior iliac and gluteals muscles have muscle spasm and decreased range of motion. There is a positive straight leg raise supine on the right at 45 degrees and seated right. There is a left wrist ganglion cyst with tenderness to palpation. There is a positive Tinel and Phalen sign. There is a decreased sensation in the left upper extremity involving the median nerve at the fingers. There is left hip tenderness to palpation There is decreased bilateral knee and ankle reflexes at 1+. The right lower extremity motor strength is 4/5. The right anterolateral

thigh/anterior knee/medial leg and foot have decreased sensation to light touch and pinprick. The treatment plan included physical therapy, a prescription for Mobic, and urine toxicology.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) (updated 07/10/2004) and web version 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Steps to Take Before a Therapeutic Trial of Opioids Page(s): 43;76-77.

Decision rationale: Urine toxicology is not medically necessary per the MTUS Guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The documentation does not reveal that the patient is taking opioid medication. The patient was given Mobic which does not require urine toxicology screening therefore a request for urine toxicology is not medically necessary.