

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0169655 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 02/01/2012 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 2/1/12 date of injury. At the time (8/18/14) of request for authorization for Retro (DOS 8/18/2014) Urine drug screening, there is documentation of subjective (bilateral wrist pain with weakness) and objective (decreased left wrist as well as left thumb range of motion and positive finkelstein's test) findings, current diagnoses (hand pain and wrist pain), and treatment to date (medications (including ongoing treatment with Zantac, Zyrtec, Probiotic, and Levothyroxine)). There is no documentation of abuse, addiction, or poor pain control; and on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 8/18/2014) Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid

treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of hand pain and wrist pain. However, there is no documentation of abuse, addiction, or poor pain control; and on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Retro (DOS 8/18/2014) Urine drug screening is not medically necessary.