

Case Number:	CM14-0020512		
Date Assigned:	04/25/2014	Date of Injury:	12/07/2011
Decision Date:	07/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old female who injured her wrists and elbows from 5/18/11 through 5/18/12. She was diagnosed clinically with carpal tunnel syndrome in both wrists and right elbow sprain/strain. She was treated with physical therapy, splints, oral opioids, and surgery. She had a right wrist carpal tunnel release on 6/27/13, which was successful, but remained symptomatic in her left wrist. She was recommended by her orthopedic surgeon to get a left wrist carpal tunnel release and was sent to her internal medicine physician for a preoperative consultation on 11/20/13 who did a history, blood testing, ECHO, physical exam, and an ECG, as well as a urine drug screen (which was negative for any medications), without mention as to why the drug screen was performed. On 12/5/13, the worker has a left wrist carpal tunnel release. On that same day, a comprehensive drug panel was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHROMATOGRAPHY URINE TEST FOR DOS: 12/12/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Pain Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS Page(s): 43,77-78,86.

Decision rationale: The MTUS Guidelines do not address urine chromatography testing. The MTUS Chronic Pain Guidelines do, however, state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. The ODG does address confirmatory drug testing in the form of follow-up chromatography. It states that follow-up chromatography testing are to be used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests, and are typically used when results of a test are contested. These confirmatory drug tests are generally not required when there is no evidence of non-prescribed substances. Confirmatory drug testing should be considered when all sample testing has been negative for prescribed drugs, all positive for non-prescribed opioids, and all samples positive for illicit drugs. In the case of this worker, she had a urine drug screen days before the confirmatory testing was ordered, without explanation in the note of her internal medicine physician as to why. Confirmatory testing in the form of chromatography was performed on 12/5/13 and resulted on 12/12/13 again, no explanation from the ordering physician as to why this was done. No evidence from the notes provided suggested any drug abuse or suspicious behavior to warrant drug testing in the first place. Although the basic urine screening test was negative for opioids, which the worker had been taking, we do not know how much he was taking and if it was daily or not or whether or not the worker needed to use this medication (Norco) daily for pain. If the worker had not needed it daily, then there would not be and suspicion of abnormal behavior indicated by a drug screen without evidence of any opiates in the sample. Without any documentation to clarify the worker's use of opioids, nor any evidence of drug abuse or illegal drug use, the urine chromatography testing is not medically necessary.