

Case Number:	CM14-0023637		
Date Assigned:	06/11/2014	Date of Injury:	01/28/2013
Decision Date:	07/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal Medicine and Pulmonary Disease, 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:

The injured worker is a 54-year-old male who reported an injury on 01/28/2013, due to an unknown mechanism of injury. The injured worker complained of bilateral wrist and upper extremity pain. He had numbness and tingling in the right hand, and index, middle, thumb, and ring fingers. On 01/06/2014, the physical examination revealed that the injured worker had difficulty with activities of daily living, including sleeping, holding objects in his hand, gripping, and grasping. He had a positive Tinel's sign bilaterally over the cubital tunnel. The x-rays of both wrists revealed normal bone density and mineralization. The injured worker has a diagnosis of bilateral carpal tunnel syndrome, right greater than the left and bilateral ulnar neuritis. The injured worker has failed all conservative treatment options offered to him, including splinting, medications, and activity modifications. The injured worker was on the following medications: atenolol 25 mg, lisinopril 25 mg, meloxicam 15 mg, naproxen 550 mg, orphenadrine citrate 100 mg, and omeprazole 20 mg. The current treatment plan is for quantitative chromatography (date of service 01/09/2014). The rationale and the request for authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUANTITATIVE CHROMATOGRAPHY(DATE OF SERVICE 01/09/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS nih.gov website.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for quantitative chromatography (date of service 01/09/2014) is not medically necessary. The injured worker has a history of carpal tunnel syndrome and sprain/strain of the wrists bilaterally. The California MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no documentation that the injured worker was taking opioids, or any other medication that would require the need for drug testing. In addition there was not enough documentation of any type of aberrant drug-related behaviors. Due to not enough information the request is not medically supported at this time. Given the above, the request for quantitative chromatography (date of service 01/09/2014) is not medically necessary.