

Case Number:	CM14-0025163		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2005
Decision Date:	10/01/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine 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 patient is a 49-year-old female who has submitted a claim for chronic pain syndrome, injury to right upper extremity; associated with an industrial injury date of 02/03/2005. Medical records from 2013 to 2014 were reviewed and showed that patient complains of pain in the right upper extremity that radiates down her back and down to the right lower extremity to the knee. Patient also complains of headaches and difficulty sleeping. She notes numbness and tingling on the right hand. Physical examination revealed tenderness to palpation on both upper extremities bilaterally. Tenderness and effusion is noted in both wrists. Treatment to date has included medications, and use of H Wave device. Utilization review, dated 02/06/2014, denied the request for urine toxicology testing because the patient has had a urinary drug screening (UDS) certified on 01/03/2014, with a confirmatory test certified if the first test shows inconsistent results. There is no medical necessity for yet another UDS at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43,89,94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of ongoing pain in her right upper extremity. Patient was prescribed with Doral, Voltaren-XR, Norco, Floricet and Cyclobenzaprine on 01/06/2014. Medical records did not show any documentation of behavior or symptoms suggestive of misuse of prescription medication. Furthermore, a urine drug screen done last 01/16/2014 showed normal results and did not detect any discrepancies. There is no indication for urine drug screen in this case. Therefore, the request for urine toxicology testing is not medically necessary.