

Case Number:	CM14-0029607		
Date Assigned:	04/09/2014	Date of Injury:	12/22/2012
Decision Date:	05/27/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/22/2014

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:

The patient is a [REDACTED] employee who has filed a claim for cervical, right shoulder, right elbow, and right wrist and hand pain associated with an industry injury of December 22, 2012. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxant, topical creams, bracing, cortisone injection to the elbow which worsened the pain, and physical therapy for the right wrist, elbow and shoulder. In a utilization review report of December 22, 2013, the claims administrator denied a request for toxicology urine drug screen collected September 4, 2013, received September 5, 2013 and reported October 22, 2013. Review of progress notes shows that patient complains of pain in the right shoulder with numbness and tingling in the right hand. Findings include positive impingement test and subacromial grinding and clicking. Phalen's and Tinel's test for the right hand are positive. EMG/NCV of right upper extremity dated April 4, 2013 was normal. Dated July 19, 2013, MRI the right wrist showed mild osteonecrosis, MRI of the right elbow showed mild tendinitis of the medial collateral ligament, MRI of the right shoulder showed moderate impingement, partial tear of rotator cuff with edema and tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY-URINE DRUG SCREEN COLLECTED 9/4/13, RECEIVED 9/5/13 AND REPORTED 10/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

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

Decision rationale: As stated in page 78 of the California MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. There was already a urine drug screen performed July 22, 2013 that was reported August 07, 2013. Guidelines recommend urine drug screening twice a year, one in the first half and another in the second half. There is no suspicion of aberrant drug use in this patient to warrant additional screening. Therefore, the request for urine drug screen collected 09/04/2013 was not medically necessary per the guideline recommendations of MTUS.