

Case Number:	CM14-0030126		
Date Assigned:	06/20/2014	Date of Injury:	04/26/2011
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 is licensed to practice in Maryland. 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 employee was a 41-year old female who was being treated for right wrist and right elbow pain. The date of injury was 04/26/2011. The mechanism of injury is not available. She had history of cortisone injections in right wrist in 2012 and also right carpal tunnel release in 2013. She had residual pain in right wrist and elbow and subjective weakness. Her medical history was significant for hypertension. Her medications included Lisinopril, Cyclobenzaprine, Naproxen and Omeprazole. Her subjective symptoms during the visit on 01/24/14 were right wrist pain that was 8/10 and right elbow pain. Her numbness of fingers had improved with weight loss, but pain was persistent. On examination she was found to have well healed scar and painful and restricted motion of wrist. The diagnoses were right wrist and elbow pain. The treatment plan included Internal Medicine referral for hypertension management, labs including CBC and CMP and continuation of oral medications including Cyclobenzaprine, Omeprazole and Naproxen. The request was for urine drug testing by quantitative chromatography that was dated 01/20/14. Medical records revealed unremarkable comprehensive drug panel done on 11/13/13 and 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative: 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 Opiates and drug testing Page(s): 43, 77, 89.

Decision rationale: The MTUS Chronic Pain Guidelines recommend random urine drug testing for those patient who are on Opioids for pain. The employee sustained work related injury with wrist pain and elbow pain. Medical records for review indicated treatments including carpal tunnel release, corticosteroid injections and NSAIDS. The request is for urine toxicology comprehensive testing using gas chromatography. The records provided for review do not indicate that the employee was on Opioids and also there is no documentation of drug abuse or other aberrant behaviors to support ongoing urine drug testing. The request for urine toxicology testing is not medically necessary and appropriate.