

Case Number:	CM14-0037310		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2010
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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 55-year-old female with an injury date of 02/01/10. Based on the 02/21/14 progress report provided by [REDACTED], the patient complains of bilateral hand pain, increased stiffness, numbness, and pain in her hands. She also has a decreased left shoulder range of motion. The patient also has a positive Tinel's and Phalen's test and a positive rotator cuff impingement test of the shoulder. The patient is currently taking Neurontin, Tylenol No.3, and Lidoderm patches. The patient's diagnoses include the following: Repetitive strain injury, Myofascial pain syndrome, Bilateral carpal tunnel syndrome, Left shoulder rotator cuff injury with full thickness split and partial thickness tear in the supraspinatus tendon, Status post left shoulder surgery with [REDACTED], Status post left carpal tunnel release surgery. [REDACTED] is requesting for a random urine drug screen test. The utilization review determination being challenged is dated 02/27/14. [REDACTED] is the requesting provider and he provided treatment reports from 09/10/13- 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen test: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Use of Urine Drug Testing.

Decision rationale: According to the 02/21/14 report by [REDACTED], the patient presents with bilateral hand pain, increased stiffness, numbness, and pain in her hands. The request is for a random urine drug screen test. The patient has not had any previous drug screens. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. Since this patient has not yet had a UDS and is taking Neurontin, Tylenol No. 3, and Lidoderm patches, a UDS is recommended. The request is medically necessary.