

Case Number:	CM14-0038824		
Date Assigned:	06/27/2014	Date of Injury:	04/09/2013
Decision Date:	08/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 49-year-old female who reported an injury on 05/27/1999 due to continuous trauma. The injured worker complained of pain involving her hands, right shoulder, and feet. She rated her hand pain at 8/10; rated her current right shoulder pain at 5/10; rated her pain in her feet at 10/10. Physical examination revealed extension of 75 degrees; flexion 60 degrees, chin to sternum. It revealed rotation to the right of 80 degrees, 80 degrees to the left. Lateral bending to the right was 45 degrees, and 45 degrees to the left. Examination of the shoulder's range of motion revealed abduction 180 degrees to the right and 180 degrees to the left. Adduction 45 degrees to the right and 45 degrees to the left. Flexion 180 degrees to the right and 180 degrees to the left. External rotation 90 degrees to the right and 90 degrees to the left. Internal rotation 90 degrees to the right and 90 degrees to the left. Examination of the wrist revealed that on dorsiflexion to the right, it was 65 degrees, and 65 degrees to the left. Volar flexion to the right was 60 degrees and 60 degrees to the left. Radial deviation to the right was 20 degrees and 20 degrees to the left. Ulnar deviation was 30 degrees to the right and 30 degrees to the left. Diagnostics included electrodiagnostics and MRI of hands and feet. Diagnoses include severe exogenous obesity, bilateral carpal tunnel syndrome, history of foot strain and plantar fasciitis, and history of probable tendonitis, right shoulder. Past treatment for the injured worker includes physical therapy and medication therapy. Medications include naproxen 550 mg twice a day, cyclobenzaprine 7.5 mg twice a day, carisoprodol 350 mg twice a day, pantoprazole 20 mg twice a day; acetaminophen every 4 hours as needed, omeprazole 20 mg twice a day, and alprazolam for sleep. The current treatment plan is for quantitative chromatography. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/19/2014 by labs for physicians and surgeons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromatography: 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 Drug Testing On-Going Management, page(s) 43 Page(s): 43.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The injured worker complained of pain in hands, feet and shoulder. She rated her hand pain as 8/10, right shoulder as 5/10 and pain in her feet as 10/10. The submitted report lacked any evidence of subjective and objective findings. There was also no documented evidence of the medication available at the time the urine drug screen was ordered. Guidelines state drug screens are taken before an initial medication trial. There was no documentation as to how long the injured worker had been on any opioid type medication. As such, the request for Quantitative chromatography is not medically necessary.