

Case Number:	CM14-0040045		
Date Assigned:	06/30/2014	Date of Injury:	02/10/2011
Decision Date:	10/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehabilitation, 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 underlying date of injury in this case is 02/10/2011. The date of the utilization review under appeal is 03/18/2014. Urine drug screening results of 01/17/2014 were consistent in detecting Norco and did not detect any inconsistent findings. On 02/13/2014, the patient was seen in primary treating physician follow-up. The patient was noted to have undergone a recent left shoulder injection without much symptomatic relief. The patient reported ongoing chronic traumatic multifocal pain including left shoulder pain, myofascial pain, and bilateral carpal tunnel syndrome neuritis, and he was noted to have a history of right mid and ring finger amputations. Treatment recommendations included a topical cream for allodynia and continued use of Norco. Previously on 12/02/2013 the patient was seen in follow-up regarding his left shoulder injury. The patient reported no benefit from an injection at the time of the last visit. The patient was noted to have multiple distal digital amputations with digital stiffness and guarding. The treatment plan included MRI of the left shoulder and a probable formal pain management consultation regarding the patient's right hand injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective toxicology screening on 1/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing, page 43, states that this is recommended as an option, use of a urine drug screen to assess for the use or presence of illegal drugs. Implicit in this guideline is that the treating physician should stratify or determine risk factors for aberrant behavior and determine a frequency of proposed urine drug testing. The medical records do not discuss such risk stratification or particular frequency or rationale for such frequency of testing. At this time the record does not support this request. This request is not medically necessary.

Retrospective drug testing on 1/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

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