MAXIMUS Federal Services

Case Number:	CM14-0044978		
Date Assigned:	07/02/2014	Date of Injury:	05/08/2009
Decision Date:	08/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Management and is licensed to practice in Texas and Oklahoma. 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 43-year-old female with a reported date of injury on 05/08/2009. The mechanism of injury was noted to be from extensive keyboarding and prolonged sitting. Her diagnoses were noted to include right cubital tunnel syndrome, right elbow ulnar nerve compression, ganglion cyst, and rule out carpal tunnel syndrome, lumbar sprain/strain, and lumbar radicular symptoms. Her previous treatments were noted to include a TENS unit, physical therapy, acupuncture, and lumbar epidural injections. The progress note dated 03/18/2014 revealed the injured worker complained of continuous aching in the right elbow associated with swelling and numbness. The injured worker complained of continuous aching in the right wrist/hand which traveled to her forearm along with swelling, numbness, and tingling. The injured worker complained of constant aching pain in the lower back with episodes of numbness and tingling in her legs and feet, more on the left side. The physical examination of the cervical spine noted full range of motion to the neck and the orthopedic tests were negative. The physical examination of the elbows noted tenderness over the medial epicondyle and a positive Tinel's sign at the elbow. The physical examination of the wrist/hands noted decreased grip strength in the right upper extremity with pain and a mass was noted over the dorsum of the right wrist. The neurological examination of the upper extremities noted decreased sensation over the ulnar 2 and a half digit in the right thumb and hand and no sensory deficits were noted. Physical examination of the lumbar spine revealed no tenderness or spasms or trigger points and the injured worker was able to walk toe to heel. Sensation of the lower extremities was noted to be full. The progress note dated 11/27/2013 revealed the injured worker noted improvement in acid reflux and no change in constipation, right upper quadrant abdominal pain, nausea, episodes of blurred vision, or shortness of breath. The physical examination revealed extremities had

tenderness and range of motion was deferred. The injured worker's medications were noted to include Prilosec 20 mg twice daily #60, Diovan 160 mg daily #30, Gaviscon 1 bottle 1 tablespoon 3 times daily as needed, Citrucel 1 to 2 tablets 3 times daily as needed #120, Colace 100 mg daily #30, vitamin D3 50,000 units weekly #8, albuterol inhaler 1 month supply 1 to 2 puffs as needed, Medrox patches 1 month supply use as directed, and aspirin EC 81 mg daily #30. The provider indicated a urine toxicology screen was performed during the visit. The request for authorization form was not submitted within the medical records. The request was for a urine toxicology test; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option and that using a urine drug screen was recommend to asses for the use or presence of illegal drugs. There is a lack of documentation regarding aberrant behavior or narcotic utilization to necessitate a urine toxicology test. Therefore, the request for Urine Toxicology test is not medically necessary.