

Case Number:	CM14-0049788		
Date Assigned:	04/21/2014	Date of Injury:	03/20/2010
Decision Date:	11/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 3/20/2010. Per primary treating physician's progress report dated 4/7/2014, the injured worker complains of chronic, daily pain and numbness in left arm across the elbow. He also has pain in the upper and mid back, more on the left side. He reports daily, frequent pain in right elbow and wrist, with tingling and numbness in right small and ring fingers. He reports insomnia due to pain. He feels a "bump" around the back of his neck and top of left shoulder, sometimes on the right. He uses physical therapy and E-stimulation. On examination Spurling is equivocal. Pin prick is 0/2 on right and left side in ulnar distribution, in medial distribution. Tinnel is positive across right and left elbows. Left shoulder deltoid muscle bulk is smaller than right side. There is no winging. There is subtle levoscoliosis to the left thoracic region. Range of motion is unremarkable. Diagnoses include 1) right ulnar neuropathy cubital tunnel 2) pre-existing history of right wrist triangular cartilage tear, status post debridement 3) comorbid insomnia 4) over weight 5) diabetes mellitus, non-industrial 6) chronic pain with anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for urine drug screen and spectrophotometer for validity (DOS: 10/14/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The requesting physician reports review of urine drug screen and review of CURES report. There have been inconsistencies in urine drug screen results that do not appear to have been addressed based on the clinical reports provided for review. There is also no assessment of aberrant drug behavior. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Retrospective Review for Urine Drug Screen and Spectrophotometer for Validity (DOS: 10/14/13) is determined to not be medically necessary.