

Case Number:	CM14-0062879		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2002
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 69-year-old female with a 10/1/02 date of injury. The mechanism of injury occurred as a result of cumulative trauma as an accounts payable manager. She was required to perform repetitive wrists/hand/fingers movement keyboarding for prolonged periods while keeping her head and neck in a fixed position. According to a progress report dated 4/11/14, the patient complained of constant neck pain radiating to the upper extremities with numbness and tingling rated 7-8/10, constant low back pain rated 6-7/10, and constant hand pain with numbness and tingling rated 7-8/10. She rated her pain without medication at 8/10 and with medication at 4/10. The patient is currently utilizing the following medications: Methoderm gel, Terocin lotion, Flurbi (NAP) Cream-LA, Gabacyclotram cream, Genicin capsules, and Somnicin capsules. Objective findings: limited right wrist ROM, hand swelling, Phalen's positive on right, limited lumbar ROM, lumbar spine spasms, SLR positive bilaterally, right upper extremity decreased sensation at C6-C8. Diagnostic impression: right middle trigger finger, cervical disc protrusion, brachial neuritis or radiculitis, lumbar spondylosis. Treatment to date: medication management, activity modification, occupational therapy. A UR decision dated 4/21/14 denied the request for urine drug screen. There is no indication that the patient is taking any controlled substances. There is no discussion of aberrant behavior or abuse of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids Substance misuse. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Ed (2011) p. 935. Vol. 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no documentation that the patient is currently utilizing a controlled medication, which would require a urine drug screen to evaluate for compliance and aberrant behavior. The patient is noted to be on several topical medications, as well as Glucosamine and a sleep supplement. A specific rationale was not provided as to why a urine drug screen would be necessary for this patient. Therefore, the request for urine drug screen was not medically necessary.