

Case Number:	CM14-0073210		
Date Assigned:	07/16/2014	Date of Injury:	03/26/2012
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 female patient with a date of injury of March 26, 2012. A utilization review determination dated April 22, 2014 recommends non-certification of one retrospective urinalysis. A progress note dated March 28, 2014 identifies subjective complaints of 8/10 aching neck pain, burning and aching pain in bilateral shoulders, left wrist pain, increased right wrist pain with compensation, bilateral wrist/hand pain described as aching and burning with associated numbness, wrist and hand pain rated at a 7/10, arm pain rated at a 5/10, and she reports relief with taking Tylenol and using a topical analgesic. Physical examination identifies tenderness to palpation of the left shoulder sternoclavicular joint, anterior capsule, and acromioclavicular joint. There is report of decreased range of motion of the left shoulder, positive Neer's maneuver, and positive Hawkin's maneuver. The left hand/wrist revealed abnormal skin color and cool temperature, positive Tinel's sign, positive Phalen's sign, moderate decrease in pin appreciation right wrist strength is 3/5, left wrist range of motion is decreased with flexion and extension, decreased forearm supination and pronation, and decreased left wrist range of motion. The diagnoses include left wrist tendinopathy, left shoulder impingement, status post's prior left carpal tunnel release, gastrointestinal complaints, sleep disorder, anxiety and depression. The treatment plan recommends a urinalysis to monitor medication compliance, and the patient was encouraged to continue with her home exercise regimen. The urine toxicology report performed on June 14, 2013 identifies that hydrocodone, a prescribed medication, was not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates,(steps to avoid misuse/addictionsubstance abuse,(tolerance, dependence, addiction)). Decision based on Non-MTUS Citation Michigan Automated Prescribing Service(MAPS) search: <https://sso.state.mi.us/lookingforevidenceofmedicationnon-adherence,misuse,ordiversion>. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 10, 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or no adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking Tylenol and there is no mention of opioids. There is a urine toxicology available or review, collected June 14, 2013 that did not detect hydrocodone, but identified it as a prescribed medication. However, there are no progress reports indicating that hydrocodone was being prescribed by the physician or used by the patient. Given that the patient is currently not taking opioids according to any progress reports, and no identification of any risk factors for the use of illicit substances, there is no indication for a urinalysis. As such, the currently requested one retrospective urinalysis is not medically necessary.