

Case Number:	CM14-0080224		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2013
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 34 year old woman who sustained a work related injury on October 31 2013. Subsequently, she developed chronic right wrist pain with numbness. According to a note dated on February 20 2014, the patient reported ongoing right wrist pain with numbness and tingling rated 7/10 and occasionally left wrist pain rated 8/10. Her physical examination demonstrated reduced range of motion of the wrist bilaterally. The patient was treated with topical analgesics and Hydrocodone. She underwent a urine drug screen on February 5 2014 which was negative for medication misuse or aberrant behavior. The provider requested authorization for urine drug screen.

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. Decision based on Non-MTUS Citation ODG=TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs. There is no evidence that the patient have aberrant behavior or urine drug screen. There is no clear evidence of abuse, or addiction from previous urine testing. The patient most recent urine drug screen was performed on February 2013 which documented no medications misuse. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.