

Case Number:	CM14-0166073		
Date Assigned:	01/22/2015	Date of Injury:	05/04/2009
Decision Date:	02/28/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 36-year-old woman with a date of injury of 05/04/2009. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 06/09/2014 indicated the worker was experiencing right arm pain and hand numbness with tingling. Documented examinations consistently described minimal right hand and forearm tenderness and decreased sensation in the right first four fingers. The submitted and reviewed documentation concluded the worker was suffering from repetitive strain syndrome involving the right arm, cervicgia, cervical strain, neuropathy. Treatment recommendations included medications, a continued home exercise program, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 09/25/2014 recommending non-certification for urinary drug screen testing for the date of service 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS: 08/04/14) urine drug screen Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing right arm pain and hand numbness with tingling. These records did not indicate the worker was taking any restricted medications or that this type of treatment was being considered. In the absence of such evidence, the current request for urinary drug screen testing for the date of service 08/04/2014 is not medically necessary.