

Case Number:	CM14-0173737		
Date Assigned:	12/05/2014	Date of Injury:	03/19/2002
Decision Date:	01/20/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family 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 46 year old female patient who sustained a work related injury on 6/19/2001. The exact mechanism of injury was not specified in the records provided. The current diagnoses include left wrist dequervain's syndrome, lumbar spine disc bulge, left hand strain, status post left elbow surgery(06/30/03), left carpal tunnel syndrome, thoracic spine strain, right elbow lateral humeral epicondylitis, status post Intradiscal Electrothermal Annuloplasty (IDET) procedure (4/05/03) and right elbow ulnar nerve neuropathy. Per the doctor's note dated 8/21/14, patient has complaints of pain in the upper back, lumbar spine, bilateral elbows and left wrist/hand. Physical examination revealed diminished light touch sensation in the right mid-anterior finger. Per the doctor's note dated 9/4/14 patient was doing home exercise. The current medication lists include Soma, Prilosec, Tramadol, Ibudone and Hydrocodone. The patient has had Lumbar Spine MRI on 8/14/2009 that revealed L5-S1 mild narrowing and desiccation with a 2mm posterior diffuse encroachment; Lower Extremity Electromyography (EMG)/Nerve Conduction Velocity (NCV) on 08/27/2009 that was normal. The patient's surgical history includes left elbow surgery on 06/30/03 and IDET procedure on 4/05/03. She has had a urine drug toxicology report on 4/21/2011 and 2/11/11 that were consistent for Carisoprodol and inconsistent for Hydrocodone. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Urine Drug Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Hydrocodone and Soma. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Quantitative Urine Drug Test is medically appropriate and necessary in this patient.