

Case Number:	CM14-0180550		
Date Assigned:	11/05/2014	Date of Injury:	08/24/2014
Decision Date:	01/23/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 40 year old female who sustained an industrial injury on 08/24/14. She reported feeling a pop in her right hand while removing packing from product at work. Her symptoms included right shoulder, right elbow and right wrist/hand pain. Right shoulder examination was positive for impingement test and tenderness over AC joint. Other pertinent examination findings included positive Phalen's test, decreased median nerve sensation and tenderness to palpation A1 pulley third finger and flexor/extensor tendons. There was tenderness to palpation of lateral epicondyle and posterior elbow olecranon. Diagnoses included right shoulder sprain/strain, right elbow strain/sprain, lateral epicondylitis, right wrist sprain/strain and carpal tunnel syndrome. The progress note from 11/10/14 was reviewed. There was no medication list in the notes. She was noted to have right shoulder, elbow, wrist and hand pain with numbness, weakness, tingling and cramping. Objective findings included positive supraspinatus press test, positive Cozen's test, positive Phalen's test and positive Finkelstein's test. The request was 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43, 77, 78.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.