

Case Number:	CM14-0184440		
Date Assigned:	11/10/2014	Date of Injury:	07/17/2012
Decision Date:	02/25/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 patient is a 51-year-old female who was injured on July 18, 2012. The patient continued to experience pain in her neck, right shoulder, right elbow, and right wrist /hand. Physical examination was notable for no instability, no erythema, no laxity of the right upper extremity, decreased grip strength of the right hand, and limited range of motion of the right index finger. Diagnoses included status/post right wrist carpal tunnel release, right wrist pain, right upper extremity neuropathy, right index finger pain, and right index finger cystic mass. Treatment included medications, surgery, and cervical epidural steroid injections. Request for authorization for urine toxicology screen was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient had prior treatment with the opioids Hydrocodone and Tramadol, but was no longer taking them. In addition the patient had had urine drug testing in February, March, April, May, July, and August of 2014. The patient had not exhibited aberrant/addiction behaviors and was not being treated with controlled substances. There is no indication for urine drug testing; therefore, this request is not medically necessary.