

Case Number:	CM14-0187492		
Date Assigned:	12/11/2014	Date of Injury:	02/04/2014
Decision Date:	01/22/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine Rehab 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:

The underlying date of injury in this case is 02/04/2014. The date of the utilization review under appeal is 10/09/2014. On 09/17/2014, the patient was seen in primary treating orthopedic surgeon follow-up regarding after care for right carpal fracture and right wrist sprain. The patient reported frequent moderate pain which was described as burning pain and radiating to her right shoulder with associated numbness and tingling of the right upper extremity and frequent swelling of the fingers. The treatment plan included acupuncture. The patient was also prescribed medications including multiple topical compounds and Naprosyn. A urinalysis was requested "to conform with DEA guidelines, checking for expected and unexpected pharmacological use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on urine drug testing, page 43, states that urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs. The medical records do not indicate that this patient has been prescribed any controlled substances. The records do not contain a specific rationale as to why drug testing for unprescribed substances would be indicated. For these reasons, the current request is not supported by the treatment guidelines. This request is not medically necessary.