

Case Number:	CM14-0190910		
Date Assigned:	11/24/2014	Date of Injury:	05/22/2014
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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:

Injured worker is a male with date of injury 5/22/2014. Per secondary treating physician's first report of injury dated 9/18/2014, the injured worker has a history of repetitive work developed pain bilateral wrists. He is being treated with ibuprofen 600 mg, omeprazole, and rubbing cream. Physical examination identifies Phalens and Tinels is positive on the left, and sensation to pinprick is decreased in digits 1-3 bilaterally. Diagnosis is bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen DOS: 10/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: Urine drug screen on 9/18/2014 was negative for all substances tested. The injured worker is prescribed omeprazole, tramadol, ibuprofen, gabapentin and topical analgesics containing Flurbiprofen, Tramadol, Amitriptyline, Dexamethorphan, gabapentin. The medications prescribed have low abuse potential. There is no evidence in the clinical notes that there is any concern of aberrant drug behavior. The requesting physician explains that the urine

drug screen is to rule out medication toxicity, the only medications that are tested from the prescribed medications are amitriptyline and tramadol. These were tested negative on 9/18/2014, but this was also when the injured worker was first prescribed these medications. The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. There does not appear to be any concern of abuse, addiction, or poor pain control. Medical necessity of this request has not been established. The request for Retrospective urine drug screen DOS: 10/13/14 is not medically necessary.