

Case Number:	CM14-0192005		
Date Assigned:	11/25/2014	Date of Injury:	11/21/2013
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 59 yo female who sustained an industrial injury on 11/21/2013. The mechanism of injury was not provided for review. Her diagnoses include carpal tunnel syndrome, lateral epicondylitis of the elbows and sprain/strain of the wrists. She continues to complain of bilateral wrist and elbow pain. On physical exam she has tenderness to palpation at both lateral epicondyles and pain with range of motion of the wrists. Treatment has included medical therapy and steroid injections. The treating provider has requested a follow-up visit for Pain Medication Management and a urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Office Visit for Pain Medication Management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127

Decision rationale: Per Occupational Medicine Practice Guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course

of care may benefit from additional expertise. In this case the records provided do not report specific medications which require regular management. Medical necessity for the requested service has not been established. The request for Follow Up Office Visit for Pain Medication Management is not medically necessary.

Urine Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per Chronic Pain Management Treatment Guidelines, urine screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. In this case, the records provided do not report specific medications which require regular monitoring with urine testing. Medical necessity for the requested service has not been established. The request for Urine Screen is not medically necessary.