MAXIMUS Federal Services

Case Number:	CM14-0193892		
Date Assigned:	12/01/2014	Date of Injury:	04/02/2013
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This individual is a 44 y/o female who developed left upper extremity problems subsequent to CT dated 4/2/13. She was diagnosed with a symptomatic ganglion cyst and De'Quervains tendonitis. She has been treated with ganglion cyst removal and 1st dorsal compartment decompression. She continued to have mild to moderate upper extremity pain and has been treated with multiple injections and dispensed medications (Norco, Orpheadrine, NSAID's and Prilosec) and compounded topicals without benefit. A recent AME evaluator opinioned a possible carpal tunnel syndrome due to C6 nerve changes. However, electrodiagnostic testing has revealed a probable C6 cervical radiculopathy. Drug screen testing for "efficiency of medications" was performed on June 16, '14, Sept 16, '14 and Oct. 22, '14. No aberrant behaviors are documented and it is not medically explained what testing for efficiency of medications actually implies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology 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 Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, UDS urine drug testing

Decision rationale: MTUS Guidelines supports urine drug screening to evaluate for the use of illegal drugs and/or possible diversion. The MTUS Guidelines do not detail what is a reasonable frequency of testing. ODG Guidelines recommend drug testing frequency based on risk stratification. There is no documented indication of increased risk for addition or diversion. Under these circumstances, guidelines support annual testing. The need for the recent urine toxically screening is not guideline recommended and is not medically necessary.