

Case Number:	CM14-0197570		
Date Assigned:	12/05/2014	Date of Injury:	11/15/2012
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 53 year-old clerk sustained an injury on 11/15/12 from striking her right hand on a door while employed by [REDACTED]. Request(s) under consideration include Urine Toxicology Screen. Diagnoses include bilateral hands diffuse synovitis. Urine drug screen dated 8/18/14 showed consistent results with prescribed medications. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report of 10/29/14 from the provider noted the patient with chronic ongoing pain to the cervical spine, left shoulder, hands, and right fingers rated at 6-8/10 without and 4-8/10 with medications. Exam showed unchanged findings of limited cervical spine range; positive compression test; positive left Spurling's; diffuse decreased sensation of left upper extremity. Treatment included continuing medications of Norco. The request(s) for Urine Toxicology Screen was non-certified on 11/18/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC; UDT

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

Decision rationale: The patient had recent UDS in August 2014 showing consistent findings. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic -- injury. The patient has been P&S and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Toxicology Screen is not medically necessary and appropriate.