

Case Number:	CM14-0201592		
Date Assigned:	12/11/2014	Date of Injury:	07/14/2013
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 22 year old female injured worker suffered an industrial accident on 7/14/2013 the details of which were not included in the medical records provided. The initial mechanisms of injury with specific injuries were also not included in the medical records. The current diagnoses were left ulnar nerve decompression for cubital tunnel syndrome, exploration of ulnar nerve with neurolysis. The conservative treatments also included physical therapy, occupational therapy, home exercise program and medications. The progress note on 10/02/2014 noted the injured worker was taking her pain medications and starting physical therapy. The note on 10/6/2014 stated the pain was improved and the injured worker started to wean off her medications. The note of 10/16/2014 stated she was no longer taking medications. However, the note on 11/17/2014 remarked that the pain medications reduced her pain from 5/10 to 2/10. The provider notes do remark that there is decreased range of motion to the cervical and lumbar spine with corresponding tenderness and spasms. The medical records did not indicate which pain source the pain medications were being used for. The medical records did not reveal what medications the injured worker was taking. However there were multiple urine drug screens performed over the prior 9 months all of which were normal. The provider stated in the note of 11/17/2014 that, "The UDS is not subject to UR as it is part of the routine office practice". The UR decision on 11/20/2014 indicated that a urine drug screen was not medically necessary as the injured worker no longer on pain medications as of the provider note of 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 11/17/14 Full panel drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Urine Drug screen.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing, page 43, recommends drug testing using a urine drug screen in order to assess for the use or presence of illegal drugs. This patient has undergone multiple recent urine drug testing studies which were unremarkable. The medical records do not provide a rationale for frequent continued urine drug screens and do not indicate high stratification of risk for aberrant behavior. Thus, at this time the records and guidelines do not support the treatment request for a full panel drug screen. This request is not medically necessary.