MAXIMUS Federal Services

Case Number:	CM14-0202079		
Date Assigned:	12/12/2014	Date of Injury:	08/06/1999
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
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. The expert reviewer is Board Certified in Internal 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:

The injured worker (IW) is a 63-year-old woman with a date of injury of August 6, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lateral epicondylitis; DeQuervain's tenosynovitis; chronic neck pain; and trigger finger. Prior treatments include medications, physical therapy (PT), H-wave unit, cervical traction, and elbow sleeves.Pursuant to the most recent progress note in the medical record dated October 17, 2014, the IW complains of continued neck, arm, wrist, and hand pain. Current medications include Vicodin, Duexis, Glucosamine, Levothroid, and topical analgesics. Objective findings reveal the IW is alert, and oriented X 3. Her speech is fluent and her comprehension in intact. She has tenderness to palpation to the right lateral epicondyle and right radial wrist. The treatment plan recommendations include additional PT, continue H-wave, cervical traction and medications. The current request is for laboratory urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory urine drug screen QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, laboratory urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are lateral epicondylitis; DeQuervain's tenosynovitis; chronic neck pain; and trigger finger. The latest progress note in the medical record is dated October 17, 2014. There was no documentation indicating aberrant drug-related behavior or drug misuse or abuse. The injured worker takes Vicodin, glucosamine, Duexis, levothyroid and uses a topical nonsteroidal anti-inflammatory. The treatment plan indicates a urine drug screen is necessary for medication monitoring. The documentation does not contain any specific risk factors, risk assessment, any indication of whether the injured worker is a low risk, intermediate or high risk, any documentation of prior urine drug testing. Consequently, absent the specific clinical rationale performing the urine drug screen and the clinical indication for urine drug toxicology screen, urine drug screening is not medically necessary.