

Case Number:	CM14-0203916		
Date Assigned:	12/16/2014	Date of Injury:	06/09/2014
Decision Date:	02/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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 patient is a 30 year old male who sustained a work related injury to his left forearm and wrist while employed as an emergency medical technician and moving a client on June 9, 2014. He was diagnosed with left wrist sprain/strain. The patient received physical therapy. The injured worker had tenderness and swelling over the dorsal radioulnar joint with clicking, catching and decreased grip strength. Tinel's sign Phalen's sign, and a carpal tunnel compression test were positive, according to the August 4, 2014 evaluation. On August 20, 2014 a magnetic resonance imaging of the left wrist noted trace fluid surrounding the extensor carpi ulnaris and increased signal from the left median nerve at the carpal tunnel level. The injured worker underwent a left carpal tunnel release with flexor tenosynovectomy and intrarticular injection on October 14, 2014. The documentation does not clearly state what the prescribed medications are. The injured worker remains on temporary total disability (TTD) since surgery. The treating physician has requested authorization for urine toxicology screen to check the efficacy of the medications. On November 7, 2014 the Utilization Review denied coverage for the urine toxicology study. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on Opioids.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-77.

Decision rationale: A urine drug screen test may be medically indicated when drug addiction or drug related aberrant behavior is suspected for patients taking opiates from chronic pain. The UDT (urine drug test) may also be informative to screen for illegal drug use in patients treated for chronic pain. The documentation does not describe what the patient is taking for pain, nor is there any documentation that drug addiction is suspected. The urine drug screen test is not medically necessary.