MAXIMUS Federal Services

Case Number:	CM14-0209396		
Date Assigned:	12/22/2014	Date of Injury:	06/06/2012
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a 51 year old male with a date of injury of 8/6/12. He is being treated for wrist carpal tunnel syndrome, ulnar nerve lesion, wrist arthralgia, cervical radiculitis, cervical myofascial sprain/strain, cubital tunnel syndrome. Subjective findings on 10/01/14 include complaints of pain and occasional numbness on bilateral wrists and hands. Objective findings include bilateral wrist tenderness over the carpal canal, + bilateral Phalen's and Tinel's sign, 5/5 strength, + diminished sensation over median and ulnar nerves bilaterally. MRI on 9/12/14 was reported as C5-6 2 mm broad-based disc osteophyte complex is present with bilateral neural foraminal narrowing, left greater than right. EMG/NCS on 11/11/13 found moderate bilateral median neuropathy at the wrists affecting sensory and motor component and suggestive mild right ulnar neuropathy across elbow. Previous treatments have included ice/heat, home exercise program, OTC NSAIDS. The Utilization Review on 11/19/14 found the request for Urine Toxicology 4x a year to be non-certify due to MTUS guideline recommendations for Urine Toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology 4x a year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary - Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient is not on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine Toxicology 4x a year is not medically necessary.