MAXIMUS Federal Services

Case Number:	CM15-0005286		
Date Assigned:	01/29/2015	Date of Injury:	11/19/2012
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female sustained an industrial injury on 11/19/12, via cumulative trauma to the left wrist. The injured worker was diagnosed with left carpal tunnel syndrome. Treatment included medications and left carpal tunnel release in June 2014. Following the procedure, the injured worker developed complex regional pain syndrome with allodynia. Current diagnoses included status post left carpal tunnel syndrome and complex regional pain syndrome, left wrist. In a request for authorization dated 11/18/14, the injured worker complained of pain 5/10 to the left wrist with cramping, weakness and swelling on the fingers. Physical exam was remarkable for allodynia over the surgical scar with mild hyperhidrosis of the left hand and moderate swelling to the left index and ring finger. The treatment plan included left stellate ganglion block, starting Elavil 25mg at bedtime and urine toxicology screening. On 12/17/14, Utilization Review noncertified a request for urine toxicology screening and conditionally noncertified a request for Elavil 25mg noting the need for more information regarding the Elavil and citing MTUS and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: 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. 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 Screening is not medically necessary and appropriate.