MAXIMUS Federal Services

Case Number:	CM15-0007927		
Date Assigned:	01/26/2015	Date of Injury:	09/02/2009
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
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:

The injured worker is 53 year old, female who sustained an industrial injury on September 2, 2009. She has reported an injury to the bilateral hands and wrists. The diagnoses have included cervical five-cervical-six disc herniation with right upper extremities radiculopathy, bilateral upper extremity overuse tendinopathy, right shoulder imping syndrome, lumbar four-lumbar five disc protrusion with right sided radiculopathy, bilateral wrist tendinitis and carpal tunnel syndrome. Treatment to date has included pain medication, wrist x-rays, Toradol Injections, Cortisone injections, physical therapy chiropractic treatment and a home exercise program. Current documentation dated December 15, 2014 notes that the injured worker complained of intermittent bilateral hand pain radiating through her second to fourth fingers on the left. The pain is described as throbbing and worse on the right. Associated symptoms include swelling, numbness and tingling in the wrists, hands and fingers. She also was noted to have weakness and cramping of both hands. Physical examination of the cervical spine revealed painful and decreased range of motion. Head compression sign was mildly positive. Tightness was noted in the levator scapula musculature. Shoulder range of motion was limited. Wrist examination revealed a positive Tinel's sign and Phalen's sign. Diffuse tenderness was present without swelling. On December 18, 2014 Utilization Review non-certified a request for a retrospective urinalysis dated November 14, 2014. Utilization Review did not note which references were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of a retrospective urinalysis dated November 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urinalysis (DOS 11/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with injury to the bilateral hands and wrists. The current request is for Retrospective urinalysis (DOS 11/14/14). Based on the files presented for review, there is no documentation of the treating physician requesting retrospective urinalysis. There is a UDS report dated 10/17/14 that states cyclobenzaprine was prescribed and not detected. The MTUS guidelines state: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. In this case, the treating physician, based on the documents available for review has failed to document justification for retrospective urinalysis. There is no documentation of opioid prescription and there is no documentation of any risk factors for this patient to receive monthly urinalysis. The current request is not medically necessary and the recommendation is for denial.