

Case Number:	CM15-0140768		
Date Assigned:	08/14/2015	Date of Injury:	11/21/2013
Decision Date:	09/23/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 a 59-year-old female who sustained an industrial/work injury on 11-21-13. She reported an initial complaint of left elbow and forearm pain. The injured worker was diagnosed as having sprain-strain to left elbow and left lateral epicondylitis, left de Quervain's disease, and left wrist sprain and strain. Treatment to date includes medication and diagnostics. X-ray results were reported on 1-5-15. Currently, the injured worker complained of mild to dull elbow pain rated 3 out of 10 and cramping, dull wrist pain, weakness and cramping. Cold weather aggravated the pain. There was also depression and anxiety. Per the secondary physician's report (PR-2) on 4-13-15, exam of left elbow noted decreased range of motion, tenderness with palpation of the anterior elbow and lateral elbow, positive Mill's, Cozen's, and Tinel's tests, tenderness of the dorsal wrist, lateral wrist, and volar wrist. Current plan of care included oral and topical analgesics and testing for baseline results. The requested treatments include Urine toxicology screen and confirmations; specimen collection and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen and confirmations; specimen collection and handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Criteria for the use of opioids Page(s): pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient is not noted in the provided documentation to be taking any narcotic medications that would require drug screening. Additionally, there is no documentation that aberrant behavior is suspected. Therefore, this request for drug testing is not considered medically necessary.