

Case Number:	CM15-0140967		
Date Assigned:	07/30/2015	Date of Injury:	07/21/2002
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency Medicine

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 58 year old female, who sustained an industrial injury on 7-21-2002. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome, chronic neck pain, shoulder pain and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-22-2015, the injured worker complains of bilateral arm pain rated 8-9 out of 10 without medications and 3 out of 10 with medications, with numbness and tingling in the hand. Physical examination showed bilateral hand swelling. The treating physician is requesting (Retrospective date of service: 1/19/15) Quantitative Drug Screening by LC/MS method.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS: 1/19/15) Quantitative Drug Screening by LC/MS method: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Edition (2011) - p. 935, Vol. 2.

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

Decision rationale: The requested Retro DOS: 1/19/15) Quantitative Drug Screening by LC/MS method, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has bilateral arm pain rated 8-9 out of 10 without medications and 3 out of 10 with medications, with numbness and tingling in the hand. Physical examination showed bilateral hand swelling. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, (Retro DOS: 1/19/15) Quantitative Drug Screening by LC/MS method is not medically necessary.