

Case Number:	CM15-0142197		
Date Assigned:	08/03/2015	Date of Injury:	02/24/2009
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male, who sustained an industrial injury on February 24, 2009. He reported an injury to his left wrist following a slip and fall incident and was diagnosed with a fracture. Treatment to date has included surgery to the left wrist, physical therapy, home exercise program, opioid medications, orthotics and work restrictions. Currently, the injured worker complains of continued pain in the left shoulder, left wrist and left thumb. He reports increased soreness in the left shoulder since his surgery. He rates his pain an 8 on a 10-point scale without medications and a 4 on a 10-point scale with medications. He has tenderness to palpation over the acromioclavicular joint and decreased range of motion. The diagnoses associated with the request include left shoulder impingement syndrome and left thumb and wrist pain, status post open reduction and internal fixation of the left wrist. The treatment plan includes Norco and Voltaren for pain, continuation of home exercise program, urine drug screen and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Toxicology-Urine Drug Screen repeat; 12-panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. The patient was approved for urine drug screen on April 24 2015, however the results were not available and there is no proposed rational to repeat urine drug screen. Therefore, the request for One (1) Toxicology-Urine Drug Screen repeat; 12-panel is not medically necessary.