

Case Number:	CM15-0166935		
Date Assigned:	09/04/2015	Date of Injury:	09/30/2014
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 35 year old female who sustained a work related injury September 30, 2014, described as cumulative trauma with pain in her left wrist and fingers. Past history included a gastric sleeve surgery with a weight loss of 150 pounds related to surgery. According to a primary treating interventional pain management physician's initial evaluation, dated August 5, 2015, the injured worker presented with pain and stiffness in both wrists and elbows with numbness and tingling in both hands, left worse than right. Physical examination of the revealed; 5'6" and 179 pounds; equal reflexes of her elbows, wrists, knees and ankles; tender range of motion internally of both elbows without entrapment; positive Tinel's sign on the left and negative on the right; decreased pain and touch sensation in the left median nerve and left ulnar nerve distribution. Impression is documented as evidence of nerve entrapment and pain in bilateral elbows and wrists. Treatment plan included recommendation for MRI's of both elbows and wrists and repeat electrodiagnostic testing. At issue is the request for authorization for a retrospective urine drug screen, date of service August 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen Qty: 1.00 DOS 8/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2014. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a urine drug screen. The medical necessity of a urine drug screen is not substantiated in the records.