

Case Number:	CM15-0187412		
Date Assigned:	09/29/2015	Date of Injury:	04/06/2015
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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 49-year-old female who sustained an industrial injury 04-06-15. A review of the medical records reveals the injured worker is undergoing treatment for status post electrocution injury, left upper extremity neuropathic pain with weakness, and alteration in gastrointestinal function. Medical records (08-18-15) reveal the injured worker complains of pain in the left arm with skin mottling, weakness, numbness, and tingling. Pain is rated at 8/10. She also complains of headaches with nausea, vomiting, loss of appetite, and weight loss. The physical exam (08-18-15) reveals she is somewhat anxious, with mild weakness in the left upper extremity by [REDACTED] but otherwise normal bulk and tone in all four extremities. Minimal left arm hyperalgesia is noted but intact sensation to pinwheel is present. Skin mottling is noted in the left volar forearm. Prior treatment includes laboratory studies, intravenous fluids, and nausea medications. The treating provider recommends occupational therapy, gabapentin and Zofran, and baseline laboratory studies and an EKG. The original utilization review (08-31-15) non-certified the request for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The requested Urinalysis 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 pain in the left arm with skin mottling, weakness, numbness, and tingling. Pain is rated at 8/10. She also complains of headaches with nausea, vomiting, loss of appetite, and weight loss. The physical exam (08-18-15) reveals she is somewhat anxious, with mild weakness in the left upper extremity by [REDACTED] but otherwise normal bulk and tone in all four extremities. Minimal left arm hyperalgesia is noted but intact sensation to pinwheel is present. Skin mottling is noted in the left volar forearm. 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 Urinalysis is not medically necessary.