

Case Number:	CM15-0197910		
Date Assigned:	10/13/2015	Date of Injury:	04/23/2004
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52 year old female, who sustained an industrial injury on 4-23-2004. The medical records indicate that the injured worker is undergoing treatment for chronic right wrist pain, psychological diagnosis, and chronic pain syndrome. According to the progress report dated 8-12-2015, the injured worker presented with complaints of ongoing right wrist pain that is exacerbated with gripping and grasping. She notes improvement. On a subjective pain scale, she notes that her pain is reduced from 8 out of 10 to 2-3 out of 10 with the adjunct of medications. The physical examination of the right wrist reveals tenderness over the dorsum, intact grip strength, and flexion and extension is to 30 degrees. The current medications are Tylenol with Codeine. Previous diagnostic studies were not specified. Treatments to date include medication management and wrist brace. Work status is not indicated. The original utilization review (9-22-2015) had non-certified a request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) TWC Pain Procedure Summary last updated 09/10/2014;
<http://labtestsonline.org>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated, Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: Low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior is recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for retrospective urinalysis drug screen is not medically necessary.