

Case Number:	CM15-0201621		
Date Assigned:	10/16/2015	Date of Injury:	12/10/2012
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female patient, who sustained cumulative industrial injuries from 09-01-2011 to 12-10-2012. The diagnoses include chronic cervical and lumbar sprain-strain, cervical disc herniation with bilateral upper extremity radiculopathy and bilateral carpal tunnel syndrome status post right carpal tunnel release. Per the doctor's note dated 05-12-2015, 07-30-2015 and 09-11-2015, she had complaints of neck, back, right shoulder, right wrist and hand pain. Naproxen was noted to bring pain down from an 8-9 out of 10 to 5 out of 10. The physical examination dated 05-12-2015, 07-30-2015 and 09-11-2015 revealed decreased range of motion of the cervical spine with positive cervical compression test and radiation of pain to the parascapular area to the bilateral arms, positive Phalen's and Tinel's tests of the left hand, weak grip strength of the right hand, decreased sensation over the right anterolateral arm and forearm, decreased two-point discrimination over the median nerve distribution of the left hand and palpable tenderness over the metacarpophalangeal articulations. The current medications list includes naproxen. The patient has tried Tylenol No. 3, Flexeril, and Soma in the past. The physician noted that urine toxicology screen was being requested during the 05-12-2015, 07-30-2015 and 09-11-2015 visits as part of a pain treatment agreement during opioid therapy. The only documented medication in these progress notes is Naproxen and there is no mention of the specific opioid medication the worker was taking. She had UDS on 9/26/14 which was inconsistent for morphine. She has undergone right carpal tunnel release on 9/12/2014. She has had physical therapy for this injury. A utilization review dated 10-01-2015 non-certified a request for one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: 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: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the current medications list includes naproxen. Evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The medical necessity of one urine drug screen is not established for this patient at this juncture. The request is not medically necessary.