

Case Number:	CM15-0202755		
Date Assigned:	10/19/2015	Date of Injury:	01/23/2011
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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

Certification(s)/Specialty: Internal Medicine, 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 50 year old female, who sustained an industrial injury on 01-23-2011. She has reported injury to the right wrist, elbow, and shoulder. The diagnoses have included right carpal tunnel with negative EMG electromyography; right cubital fossa syndrome; and right shoulder impingement. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and psychotherapy. A progress report from the treating physician, dated 08-03-2015, documented an evaluation with the injured worker. The injured worker reported right wrist pain, right shoulder pain, and right elbow pain; extremely tender right wrist; she wakes up with her hand asleep frequently; the shoulder has severe pain, "like there is something in there and it feels like it catches from time to time"; another provider recommends no surgical intervention; and she is in the middle of psychotherapy and states that it is going well. Objective findings included she is in no acute distress; positive Tinel's on the right wrist; it is very severe by touching it with a hammer; she has pain over the median epicondyle, which is the ulnar cubital fossa which is the area that another provider noted has contracture on x-ray; on full extension, she cannot fully extend her elbow without having severe pain in the right ulnar groove; and positive Hawkins maneuver on the right. Urine toxicology review, dated 05-06-2015, was noted to be "consistent with the patient's prescribed medications". The treatment plan has included the request for outpatient comprehensive drug screen, date of services: 06-08-2015 and 08-07-2015. The original utilization review, dated 10-05-2015, non-certified the request for outpatient comprehensive drug screen, date of services: 06-08-2015 and 08-07-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient comprehensive drug screen DOS 06/08/2015 and 08/07/2015: 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): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 50 year old female has complained of wrist pain, elbow pain and shoulder pain since date of injury 1/23/2011. She has been treated with physical therapy and medications. The current request is for outpatient comprehensive drug screen DOS 06/08/2015 and 08/07/2015. No treating physician reports adequately address the specific indications for urinalysis drug screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, outpatient comprehensive urine drug screen DOS 6/8/2015 and 8/7/2015 is not indicated as medically necessary.