MAXIMUS Federal Services

Case Number:	CM15-0024428		
Date Assigned:	02/13/2015	Date of Injury:	04/07/2004
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 a work related injury April 7, 2004. While working and performing duties of heavy lifting of trays of food and dishes, she experienced severe pain ascending her right upper extremity and was initially diagnosed with nerve entrapment syndrome in the bilateral upper extremities. She underwent unsuccessful transpositional nerve surgery, right upper extremity 2005 and could barely move her arm when the cast was removed. On November 5, 2014 and November 17, 2014, the injured worker underwent a right cervical sympathetic nerve block with a post procedure diagnosis of right upper extremity complex regional pain syndrome. She underwent an evaluation and subsequent physical therapy beginning November 12, 2014, for right upper extremity and cervical pain. According to a secondary treating physician's progress report, dated December 2, 2014, the injured worker presented with tenderness to palpation and allodynia at the upper extremities, greater at the left than right, with some difficulty moving her digits and her elbow. There is tenderness in the radiobrachialis that increases with resistance and temperature changes of cold in the right upper extremity. Diagnoses are documented as; complex regional pain syndrome; s/p ulnar nerve transposition; cervicalgia; cervical myofascitis and thoracic myofascitis and occipital neuralgia. Treatment plan included continue physical therapy, medications and random urine drug screening. According to utilization review dated January 23, 2015, the request for UDS (urine drug screen) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (UDS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Opioids. Decision based on Non-MTUS Citation http://www.fta.dot.gov/documents/EmployerGuidelinesOctober012010.pdf, http://www.odg-twc.com/Criteria for Use of Urine Drug Testing.

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

Decision rationale: The PTP noted that her cardiologist has cleared her to trial opiates for her pain associated with RSD. She has had appropriate UDS and CURES reports documented. The PTP notes this UDS is to for periodic monitoring in the past. There are 2 reasonable indications for UDS, which apply in the situation whether the IW is currently using opiate therapy or not yet. The request is medically necessary.