

Case Number:	CM15-0036095		
Date Assigned:	03/04/2015	Date of Injury:	02/03/2009
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 57 year old man sustained man industrial injury on 2/3/2009. The mechanism of injury is not detailed. Current diagnoses include left carpal tunnel release, cubital tunnel release, right open carpal tunnel release and cubital release, right L4-L5 microdiscectomy, right shoulder arthroscopic subacromial decompression, rotator cuff repair, and clavicle resections, left shoulder arthroscopic subacromial decompression, labral debridement, and clavicle resection, and bilateral elbow submacular ulnar nerve transposition, ulnar neurolysis and flexor tendon lengthening. Treatment has included oral medications and multiple surgical interventions. Physician notes dated 1/21/2015 show complaints of low back discomfort and left wrist pain. The worker has been self-tapering his medications. Recommendations include urine toxicology screening, Ambien, awaiting lumbar spine corset that was approved, continue home exercise program, and follow up in four to five weeks. On 2/17/2015, Utilization Review evaluated a prescription for a urine toxicology screen, that was submitted on 2/25/2015. The UR physician noted that worker was classified as low risk, and therefore, only requires urine testing no more than two times per year. The last test was dated three months ago. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 43,77,78.

Decision rationale: This injured worker has a history of chronic pain since 2009. The worker has had various treatment modalities and use of several medications. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.