

Case Number:	CM15-0036232		
Date Assigned:	03/04/2015	Date of Injury:	06/21/2012
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: Colorado

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:

The injured worker is a 42 year old male patient, who sustained an industrial injury on 06/21/2012. A request was made for a urine toxicology screening. A primary treating office visit dated 01/23/2015, reported subjective complaint of right wrist and hand pain rated a 6 out of 10 in intensity associated with paresthesia. Objective findings showed right wrist painful on range of motion. The following diagnoses include right carpal tunnel strain/strain; right wrist injury; right wrist internal derangement; right wrist neuralgia; right wrist pain; right wrist strain/sprain; right wrist carpometacarpal joint and right metacarpophalangeal joint. On 02/12/2015, Utilization Review, non-certified the request, noting the Ca MTUS Guidelines were cited. On 02/26/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78-79 and 85.

Decision rationale: Per the Guidelines, opioid use should be monitored, and there are tools recommended for that, including the 4 A's for Ongoing Monitoring: Analgesia, Adverse effects, Activities of Daily Living, and Aberrant behaviors. Urine drug screens negative for the substances prescribed would be indicators of possible aberrant behavior including noncompliance and diversion. Within the Guidelines, Chelminski includes urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion) as one of the criteria defining serious substance misuse / non-adherence. Furthermore, evidence of serious non-adherence warrants immediate discontinuation of opioids. For the patient of concern, there is no recent documentation that patient is still taking opioids. (December 2014 and January 2015 clinic notes do not list medications.) There is no record of the dosages of opioids in last 6 months and no record patient achieved pain relief or objective functional improvement with opioids. There is no documentation that previous requests for urine drug screens have been approved or that the urine drug screens were accomplished. Without evidence that patient currently takes opioids, and evidence that those opioids are effective and need to be continued, urine drug screening would not be medically necessary.