

Case Number:	CM15-0038248		
Date Assigned:	03/06/2015	Date of Injury:	04/22/2008
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65-year-old female, who sustained an industrial injury on 4/22/08. She has reported bilateral wrist injury and right knee injury. The diagnoses have included carpal tunnel syndrome post op bilaterally, De Quervain's tenosynovitis bilaterally, trigger finger bilateral hands, ulnar neuropathy, mild of bilateral wrists. Treatment to date has included wrist braces, bilateral carpal tunnel release surgery and right knee surgery, oral medications including Norco, Soma and omeprazole. Currently, the injured worker complains of continued throbbing, radiating pain in right and left hand with tingling and numbness. On physical exam dated 1/23/14, the injured worker stated the only thing that helps alleviate some of her pain is bracing and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 76-79, 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. A progress note on 1/23/2015 indicates that the patient is taking opioid medication Norco. Within the documentation available for review, it appears that the patient has had a urine drug screen on 11/22/2014 indicating medication compliance, and the provider has recently not performed any risk assessment. Given this, this request is not medically necessary.