MAXIMUS Federal Services

Case Number:	CM15-0042957		
Date Assigned:	03/13/2015	Date of Injury:	11/16/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 11/16/2012. Medical records provided by the treating physician did not indicate the injured worker's specific mechanism of injury. The injured worker was diagnosed as having carpal tunnel syndrome, chronic pain syndrome, right radial neuritis, peripheral neuropathy, injury to the brachial plexus, rotator cuff (capsule) sprain and strain, lesion of ulnar nerve, and abnormal involuntary movements. Treatment to date has included physical therapy, laboratory studies, medication regimen, electromyogram with nerve conduction study, status post right carpal tunnel release with tenosynovectomy of the flexor tendon in the palm, right submuscular ulnar nerve transposition, release and separate subsheath for extensor pollicis brevis tendon, and synovectomy of the first dorsal compartment. In a progress note dated 11/06/2014 the treating provider reports hyperalgesia over the radial side of the right hand, positive Tinel's sign to the median nerve, and tenderness to the right periscapular region and cervical paraspinal muscles. The treating physician requested a urine drug screening on this date noting it is recommended for patients on chronic opioids and requested a refill of the injured worker's medications, but did not indicate the medications requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are right radial neuritis, right chronic pain syndrome; and peripheral neuropathy. The documentation shows a urine drug screen was performed August 27, 2014. There were no medications detected in the UDS. Progress note dated November 6, 2014 states an indication for UDS is chronic opiates in chronic pain. The treating physician states urine drug screenings are recommended up to four times a year. There are no risk assessments in the medical record. There are no detailed pain assessment is correct. The injured worker had a negative UDS. The guidelines recommend the injured worker be tested within six months of initiation of therapy and a yearly basis thereafter in a low risk injured worker. There is no documentation as to whether the worker is low risk, intermediate or high risk. There is no clinical rationale or indication in the medical record for urine drug screen. Consequently, absent clinical documentation with a clinical indication or rationale performing a urine drug toxicology screen with a negative UDS (no medications detected) August 2014, retrospective urine drug testing is not medically necessary.