

Case Number:	CM15-0056949		
Date Assigned:	04/01/2015	Date of Injury:	07/01/2013
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, California

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 35 year old male, who sustained an industrial injury on July 1, 2013. He reported an injury to his left wrist and hand with radiation of pain into his fingers and up into his neck. Treatment to date has included medications, physical therapy, work restrictions, and EMG/NCS of the bilateral upper extremities. Currently, the injured worker complains of pain in the cervical spine, bilateral wrist and bilateral hand. He reports that his neck pain is rated a 1-2 on a ten-point scale with radiation of pain down the arms with associated numbness and weakness. He reports pain of the bilateral wrists and hands which he rates an 8 on a 10-point scale. The pain is made better with rest, medication, and worse with weather and activity. Diagnoses associated with the request include bilateral carpal tunnel syndrome and chronic cervical strain. His treatment plan includes urine toxicology screen as part of the pain-treatment agreement, continuation of Norco, EMG/NCS of the bilateral upper extremities, hand surgeon consultation, occupational therapy to bilateral hands and MRI of the cervical spine. The patient sustained the injury when he struck his right elbow on exercise equipment. The patient had used wrist brace. The patient had received cortisone injection in bilateral wrist per the doctor's note dated 4/15/15 patient had complaints of pain in left wrist and right elbow with numbness and tingling. Physical examination of the revealed. The patient's surgical history includes right wrist fracture surgery. The patient has had urine drug screen test on 12/29/14 that was consistent for Tramadol and Hydrocodone. The patient sustained the injury when he rolled 200 wet towels for customer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Overturned

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 California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Drug testing Page(s): 43.

Decision rationale: Request: Urine Toxicology Screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine Toxicology Screen is medically appropriate and necessary in this patient.