

Case Number:	CM15-0057331		
Date Assigned:	04/02/2015	Date of Injury:	07/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
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: 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 44 year old male, who sustained an industrial injury on 07/17/2014. He has reported injury to the right hand. The diagnoses have included right hand pain, status post injury; and right hand neuropathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Ibuprofen, Gabapentin, and Voltaren Gel. A progress note from the treating physician, dated 01/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right hand pain with continued numbness and tingling going up further into the elbow; weakness in the hand; and therapy is helping to relieve some of the pain. Objective findings included weakness noted in the right grip; decreased sensation in the right hand; and left hand contracture of the fifth digit. The treatment plan has included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug 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 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, 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar disc disorder; lumbar spinal disorder; and lumbar radiculopathy. The documentation, pursuant to a January 5, 2015 progress note, indicates the injured worker is not presently taking narcotics or other controlled substances. The list of current medications includes refills for Naproxen, Gabapentin, Zanaflex, Capsaisin cream. The injured worker is receiving chiropractic treatment and is on a home exercise program. The treating physician indicated he is seeking levels of prescription medications and the presence of nonprescription medications. There is no documentation in the medical record of drug seeking, aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a urine drug toxicology screen. Consequently, absent clinical documentation with a clinical indication and rationale for a urine drug screen in the absence of aberrant drug related behavior, drug misuse or abuse, urine drug testing is not medically necessary.