

Case Number:	CM15-0058724		
Date Assigned:	04/03/2015	Date of Injury:	03/13/2014
Decision Date:	07/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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 31 year old female, who sustained an industrial injury on March 13, 2014, incurring right wrist injuries from repetitive job tasks. Magnetic Resonance Imaging of the right wrist revealed tenosynovitis and tendonitis, dorsal and ulnar capsulitis and synovitis. Treatment included physical therapy, steroid injections, and immobilization of the wrist, ice, elevation of the wrist, anti-inflammatory drugs, and home exercise program, oral steroids, topical analgesic gels, and occupational therapy and work modifications. She underwent a right wrist tenosynovectomy and arthroscopic debridement. Currently, the injured worker complained of persistent right wrist pain when getting dressed, putting on socks and shoes and sleeping through the night. The treatment plan that was requested for authorization included a retrospective urine toxicology drug screen for the date of service for February 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Toxicology Drug Screen (DOS 02/11/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

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. With the documentation available for review, there is documentation of prescription of controlled substance, Adderall. However, there is no notation of when the last previous urine toxicology testing was done, and no risk factor assessment, which would dictate the schedule of random periodic drug testing. Lastly, Adderall is prescribed for attention deficit disorder, which is not related to the patient's work injury. Given this, the request for urine drug screen is not medically necessary.