

Case Number:	CM15-0059618		
Date Assigned:	04/06/2015	Date of Injury:	05/08/2013
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 58-year-old female who sustained an industrial injury on 05/08/2013. The patient had relief with medications. She reported constant moderate sharp left wrist pain with numbness, tingling and weakness aggravated by reaching, grabbing/grasping, gripping, squeezing, pushing, and pulling. The injured worker was diagnosed as having left wrist tenosynovitis, left wrist lateral epicondylitis. Treatment to date has included oral and topical compounded medications, medications for inflammation and muscle pain, plus medications for gastro intestinal protection. Currently, the injured worker complains of left wrist pain. The IW was prescribed a 30-day supply of her compounded medications as she had been taking and her oral medications as previously prescribed and urine toxicology screens were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology - left wrist injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Steps to Take Before a Therapeutic Trial of Opioids Page(s): 43 and 76-77.

Decision rationale: Urine toxicology - left wrist injury is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The documentation does not reveal that the patient is taking opioid medication therefore a request for urine toxicology is not medically necessary.