

Case Number:	CM15-0080667		
Date Assigned:	05/01/2015	Date of Injury:	04/28/2011
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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, 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 54-year-old female, who sustained an industrial injury on April 28, 2011, incurring neck, shoulder, elbows, wrists and hand injuries from repetitive motions. She was diagnosed with left shoulder labral tear, left wrist tendinitis and carpal tunnel syndrome. Treatment included physical therapy, acupuncture, pain medications, injections and splinting and surgical carpal tunnel release. Currently, the injured worker complained of neck pain, left shoulder pain and left wrist and hand pain. The treatment plan that was requested for authorization included a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

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

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 cervical spine/trapezius sprain/strain; left upper extremity radiculopathy; MFPS Early CRPS left upper extremity; left shoulder tendinitis with thickened glenohumeral joint. The injured worker's date of injury is April 28, 2011. According to a progress note dated February 2, 2015, the injured worker was not taking any medications. According to a March 3, 2015 progress note, the injured worker was taking cholesterol medications and over-the-counter Tylenol. According to a March 16, 2015 progress note (the most recent), the injured worker was not taking any medications. There is no documentation of any aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment indicating whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse with documentation showing "no medications" in the documentation, urine drug testing is not medically necessary.