

Case Number:	CM15-0082732		
Date Assigned:	05/05/2015	Date of Injury:	03/06/2008
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 3/6/08. The injured worker has complaints of bilateral elbow and wrist pain. The documentation noted on 8/4/05 that the injured worker had sought medical treatment because of pain in his right upper extremity that radiated from the shoulder down to the hand. The diagnoses have included myofascial pain syndrome and repetitive strain injury. Treatment to date has included analgesics; anti-inflammatories; physical therapy; electromyography/nerve conduction study of the right upper extremity on 7/7/07 was within normal limits and transcutaneous electrical nerve stimulation unit. The request was for urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80. 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Patient underwent a urine drug screen on 04/22/2015 and was found to be compliant. Urine drug screen is not medically necessary.