

Case Number:	CM15-0083391		
Date Assigned:	05/05/2015	Date of Injury:	04/03/2013
Decision Date:	06/17/2015	UR Denial Date:	03/31/2015
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: Pennsylvania
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 27 year old man sustained an industrial injury on 4/3/2013. The mechanism of injury is not detailed. Diagnoses include open wound of the wrist, skin sensation disturbance, and stiffness of joint in forearm. Treatment has included oral medications. Physician notes on a PR-2 dated 3/2/2015 show complaints of right wrist and hand pain that is noted to be unchanged. Recommendations include Protonix, increase Neurontin, continue pain management, start Motrin, and a urine drug test resulted from 2/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine drug test, DOS: 2/23/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Opioids Page(s): 43, 74-96.

Decision rationale: Urine drug testing is recommended for the use or the presence of illegal drugs. It is recommended as part of the management of opioids for chronic pain. In this case,

the record does not indicate the he was being prescribed opioids at the time of the urine drug screen or that there was a plan to do so although he had been on Norco in the past. No explanation was provided or indication given for testing for any of the other drugs included in the panel. There was no mention in the documentation of any concerns with drug abuse or misuse. Therefore, this request is not medically necessary.