

Case Number:	CM15-0084072		
Date Assigned:	05/06/2015	Date of Injury:	01/02/2013
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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 53-year-old female, who sustained an industrial injury on 1/2/13. She has reported initial complaints of slipping and falling and landing forward onto her outstretched arms and right knee. The diagnoses have included meniscal tear and carpal tunnel syndrome. Treatment to date has included medications, surgery, injection, diagnostics, and home exercise program (HEP). The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities dated 7/11/13 was normal and on 7/23/14 the study was noted to be normal on the left side and no comment was made for the right side. X-ray of the right knee and tibia revealed no degenerative changes. The x-rays of the bilateral hands and wrists showed no increase in calcifications. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of symptoms with pain moderate to severe in the right knee and bilateral hands. She rates the pain 5/10 on pain scale, which is unchanged. She complains of persistent numbness and tingling in the bilateral hands as well as right shoulder pain. The objective findings revealed that she has decreased light touch sensation in the thumb, index and long fingers of both hands. The current medications included Norco. Work status was modified with restrictions to return on 2/19/15. The physician requested treatment included Urine toxicology screen to assess efficacy of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening 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 toxicology screen 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 diagnosis is triangular fibro cartilage tear of the left wrist. The documentation indicates the injured worker had a consistent urine drug screen on December 9, 2014. The documentation indicates the injured worker had a urine drug toxicology screen authorized March 13, 2015. The result of the urine drug screen from March 2015 was not present in the medical record. The treating provider requested a repeat urine drug toxicology screen on April 8, 2015. The purpose of the urine drug screen was to "check the efficacy of medications". There were no medications listed in the medical record progress note dated April 1, 2015. Urine drug testing is recommended to monitor compliance, identify use of undisclosed substances and diversion of prescribed substances. The purpose of urine drug screen (according to the treating provider) was to check the efficacy of medications. This is not an indication for a urine drug screen. Additionally, there was no risk assessment in the medical record to determine whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. There is no aberrant drug-related behavior in the medical record. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse, a current list of medications in the April 2015 progress note, urine toxicology screen is not medically necessary.