

Case Number:	CM15-0087870		
Date Assigned:	05/12/2015	Date of Injury:	07/17/2014
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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 44 year old male, who sustained an industrial injury on 7/17/2014. He reported a crush injury to the right hand. The injured worker was diagnosed as having right hand pain and right hand carpal tunnel syndrome. Bilateral upper extremities electromyography (EMG) /nerve conduction study (NCS) showed mild bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, steroid injections and medication management. In a progress note dated 3/18/2015, the injured worker complains of right hand pain, numbness and tingling. Documentation shows the injured worker was scheduled for an endoscopic right carpal tunnel release and right long finger extensor tendon tenolysis on 4/7/2015. There is no recent record of the injured worker being prescribed controlled substances prior to surgery. The treating physician is requesting a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Urine drug testing.

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 drug 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 diagnoses are right hand pain status post injury; neuropathy; and medication induced gastritis. The date of injury is July 17, 2014. The request for authorization date in the progress note of the same date state the purpose of the urine drug toxicology screen is to determine the levels of prescription medications and nonprescription medications. Urine drug testing is a tool to monitor compliance, identify use of undisclosed substances and uncover diversion of prescribed substances. The injured worker is not currently taking any opiate medications. The current list of medications include naproxen, omeprazole, gabapentin, and Voltaren gel. There is no risk assessment indicating whether the worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and rationale for a urine drug toxicology screen and a risk assessment, urine drug screen is not medically necessary.