

Case Number:	CM15-0088623		
Date Assigned:	05/15/2015	Date of Injury:	01/01/1994
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/08/2015

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 48 year old female, who sustained an industrial injury on January 1, 1994. The injured worker was diagnosed as having overuse syndrome upper extremities (extensor tendinitis), and carpal tunnel syndrome. Comorbid conditions includes diabetes. Treatment to date has included bracing, nerve conduction study (NCS), and medication. Currently, the injured worker complains of bilateral upper extremity pain. The Primary Treating Physician's report dated March 19, 2015, noted the injured worker's current medications as Aleve, Aspirin, Atenolol, Biofreeze, Cozaar, Lidoderm patches, Motrin, Protonix, Tramadol, and Tylenol. Physical examination was noted to show the injured worker very tender over the left radial wrist with a positive Finkelstein's test, and more swelling about the left wrist and forearm. The right wrist was noted to have full pain free range of motion (ROM), and the left wrist with full range of motion (ROM) accompanied by pain. Sensory examination was noted to show decreased sensation to the thumbs bilaterally with complaints of a tingling to touch in all of the digits. In the assessment, the provider notes that the patient is in a low risk category for opioid use. The treatment plan was noted to include a consult with a hand specialist from March 10, 2015, request for physical therapy, the injured worker self-procuring her Ultram, and over-the-counter (OTC) Tylenol and Aleve, and request for authorization for serum blood drawn to determine the injured worker's serum opiate concentration level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screens (4 X's Year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15: S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A drug test is a technical analysis of a biological specimen, for example, urine, hair, blood (serum), breath, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug testing a blood (serum) sample is considered to be the most accurate test for drugs or their metabolites but is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the patient is not showing drug-seeking or drug abuse behavior and is considered by the pain specialist as in the low risk category for use of opioids. Urine drug screen is just as accurate as a serum drug screen in identifying use of illicit medications/drug. Therefore, the requested medical treatment is not medically necessary.