

Case Number:	CM15-0089500		
Date Assigned:	05/13/2015	Date of Injury:	08/09/2010
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/09/2015

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: 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:

This is a 40 year old female with an August 9, 2009 date of injury. A progress note dated April 9, 2015 documents subjective findings (neck pain; bilateral shoulder pain; bilateral elbow pain; numbness in the bilateral wrists; pain rated at a level of 8-9/10 in the neck, left shoulder, left elbow, and left wrist; pain rated at a level of 7-8/10 in the right shoulder, right elbow, and right wrist; pain noted to have remained the same since the last visit), objective findings (grade 3-4 tenderness to palpation over the cervical paraspinal muscles (increased from last visit), and 3-4 palpable spasms same since last visit); restricted range of motion of the cervical spine; positive cervical compression test; grade 2 tenderness to palpation of the bilateral shoulders (same since last visit); grade 2 tenderness to palpation of the bilateral elbows (same since last visit); grade 2 tenderness to palpation of the bilateral wrists (decreased since last visit) with positive Tinel's sign and Phalen's test), and current diagnoses (cervical spine sprain/strain; cervical spine disc disease; cervical spine [cahttps://expertgateway.maximus.com/group/md/dashboard#nal](https://expertgateway.maximus.com/group/md/dashboard#nal) narrowing; left shoulder sprain/strain; right shoulder sprain/strain, compensatory; left elbow sprain/strain; right elbow lateral epicondyle pain secondary to left ulnar dysfunction; bilateral wrist sprain/strain; bilateral carpal tunnel syndrome; sleep disturbance secondary to pain). Treatments to date have included cervical spine surgery, magnetic resonance imaging of the cervical spine, nerve conduction velocity study (March 11, 2011; showed bilateral carpal tunnel syndrome), physical therapy, transcutaneous electrical nerve stimulator unit, medications, and exercise. The treating physician documented a plan of care that included 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: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine drug test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the documentation indicates the claimant has not been on any opiate medications for over one year. There is no specific indication for the requested urine drug screen. Medical necessity for the requested item has not been established. The requested item is not medically necessary.