

Case Number:	CM15-0243350		
Date Assigned:	12/22/2015	Date of Injury:	05/15/2010
Decision Date:	01/25/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on 5-15-2010. The injured worker was being treated for bilateral carpal tunnel syndrome and depression. The injured worker (4-30-2015) reports ongoing bilateral forearm pain with any use of the upper extremities. She reports functional improvement and pain relief with the addition of medication. The physical exam (4-30-2015) reveals tenderness over the extensor muscle mass and decreased sensation to pinprick over the volar aspect of the thumb, index finger, and middle finger. The injured worker (11-5-2015) reports ongoing bilateral forearm pain, which worsens with use of the upper extremities. She reports with occasional numbness and tingling in the hands and wrists. The treating physician (11-5-2015) did not document any concern of misuse, abuse, or addiction, doctor-shopping, uncontrolled drug escalation, or drug diversion. The physical exam (11-5-2015) reveals tenderness over the extensor muscle mass and positive Tinel's sign over the radial tunnels of the bilateral upper extremities. The treating physician notes decreased sensation to pinprick over the volar aspect of the right ring and small fingers. There were no urine drug toxicology screen included in the provided medical records. Treatment has included an ergonomic work area, work modifications, and pain medication. Per the treating physician (11-5-2015 report), the injured worker has not returned to work. The treatment plan includes a repeat urine drug toxicology screen prior to refilling her medication. On 11-25-2015, the requested treatments included a repeat urine drug toxicology screen. On 12-9-2015, the original utilization review non-certified a request for a repeat urine drug toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Urine Drug Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 12/02/15), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 39 year old female has complained of wrist pain and arm pain since date of injury 5/15/2010. She has been treated with medications and physical therapy. The current request is for a repeat urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, a repeat urine drug screen is not indicated as medically necessary.