

Case Number:	CM14-0124140		
Date Assigned:	08/08/2014	Date of Injury:	03/20/2013
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 44-year-old female who has submitted a claim for left hand injury associated with an industrial injury date of 03/20/2013. Medical records from 2014 were reviewed and showed that patient complains of constant pain, swelling, stiffness and numbness in her left wrist. Physical examination showed tenderness upon palpation, and a healed surgical scar on the left wrist. Patient was prescribed with naproxen, Ultram, Prilosec and topical analgesic ointment on 01/23/2014. Treatment to date has included medications, physical therapy and unspecified surgery on left hand. Utilization review, dated 07/31/2014, denied the request for random urine drug screen because the medical records submitted did not document a provider concern over the patient utilizing illicit drugs or being noncompliant with the use of prescription medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screen, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen Testing, Steps to Take Before a Therapeutic Trial of Opioids, On-Going Management Page(s): 43, 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 89, 94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of ongoing pain in her left wrist. Patient was prescribed with naproxen, Ultram, Prilosec and topical analgesic ointment on 01/23/2014. Medical records did not show any documentation of behavior or symptoms suggestive of misuse of prescription medication. Furthermore, urine drug screen done last 06/03/2014 showed normal results and did not detect any discrepancies. There is no indication for urine drug screen in this case. Therefore, the request for Random Urine Drug Screen, QTY: 1 is not medically necessary.