

Case Number:	CM14-0127052		
Date Assigned:	08/13/2014	Date of Injury:	11/22/2006
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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:

Patient is a 59-year-old female who has submitted a claim for right upper extremity complex regional pain syndrome, bilateral De Quervain's tenosynovitis, and bilateral carpal tunnel syndrome associated with an industrial injury date of 11/22/2006. Medical records from 2013 to 2014 were reviewed. Patient complained of right upper extremity, and bilateral wrist pain associated with hypersensitivity. Patient also reported neck pain, rated 6/10 in severity, radiating to the right upper extremity with numbness and tingling sensation. She denied intake of illicit drugs. Physical examination showed tenderness in the paracervical muscles and positive Finkelstein's test bilaterally. There was a decrease in the normal cervical lordosis. Swelling of the right hand was noted. There was mild hyperhidrosis. Range of motion of the right elbow and right wrist was limited. Tinel's test was positive bilaterally. Motor strength and reflexes were unremarkable. Treatment to date has included acupuncture, physical therapy, right stellate ganglion block, and medications such as Prilosec, gabapentin, and Lidoderm patches. Utilization review from 8/1/2014 denied the request for urine toxicology screening because there was no evidence of aberrant drug behavior and patient was not prescribed opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Prilosec, gabapentin, and Lidoderm patches. There is no opioid prescription; hence, there is no clear indication for urine drug screen. Patient likewise denied use of illicit drugs. Therefore, the request for urine drug screen is not medically necessary.