

Case Number:	CM14-0130003		
Date Assigned:	08/20/2014	Date of Injury:	06/15/2006
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 6-15-06 to the upper extremities and neck due to repetitive activities. The claimant has been treated with medications, physical therapy, acupuncture, TENS Unit, H-wave, and cortisone injections. The claimant underwent right and left carpal tunnel releases. Office visit dated 7-8-14 notes the claimant reported 75% improvement after her surgeries, but has persistent left sided symptoms. On exam, the claimant had diffuse tenderness from shoulders to fingertips bilaterally. On 7-9-14, it is noted that the claimant had 4/5 strength at the left wrist. Her UDS was negative for all drugs tested. Her current medications include Ketamine cream, Synovacin, Motrin, Lidoderm 5% cream and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/9/14) Urine confirmatory drug testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - UDT.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. ODG notes when to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Medical Records reflect this claimant is being prescribed medications to include Norco, which is an opioid, yet her UDT was negative for all substances tested. Therefore, the request for Retro (DOS 7/9/14) Urine confirmatory drug testing is reasonable and medically necessary to direct future treatment/continue/discontinue medications.