

Case Number:	CM14-0135977		
Date Assigned:	09/03/2014	Date of Injury:	07/21/2009
Decision Date:	09/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 39-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, bilateral CRPS, and enthesopathy of bilateral wrist/carpus associated with an industrial injury date of 07/21/2009. Medical records from 05/21/2014 to 07/02/2014 were reviewed and showed that patient complained of bilateral wrist and hand pain graded 5-10/10. Physical examination revealed decreased bilateral wrist ROM, decreased grip strength, and positive Phalen's tests bilaterally. Treatment to date has included physical therapy, paraffin wax therapy, and Ibuprofen. Utilization review dated 08/11/2014 denied the request for urine toxicology because there was no evidence of abuse, diversion, or hoarding related to use of medications or documentation that the claimant is taking controlled medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 06/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient complained of bilateral wrist pain. There was no documentation of opioid or controlled substance use to warrant urine drug screening. There was no discussion of history of abuse or misuse as well. The medical necessity cannot be established due to insufficient information. Therefore, the request for Urine Toxicology is not medically necessary.