

Case Number:	CM14-0146812		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2011
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 Pain Management and Rehabilitation, 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 43-year-old female with an injury date of 04/20/2011. Based on the 07/22/2014 progress report, the patient complains of having left wrist numbness and pain which she rates as a 1/10. The patient also complains of having weakness and stiffness in her left wrist and forearm. The left wrist is tender volarly and dorsally. The 07/21/2014 report also indicates that the patient has a decreased range of motion of the left wrist and a decreased grip strength. A 03/24/2014 CT scan of the left distal forearm reveals the following: status post open reduction and internal fixation of distal radius with the hardware appearance as noted. This is prior osteotomy/rupture of the distal radius with 3-mm gap between the bones. The patient was scheduled for an iliac crest bone graft, open reduction internal fixation of radius, and distal ulnar resection on 08/26/2014. The patient's diagnoses include the following: 1) Status post left wrist open wedge osteotomy with nonunion. 2) Right wrist pain. 3) Gastrointestinal problems. 4) Left shoulder and elbow pain. The utilization review determination being challenged is dated 09/04/2014. Treatment reports were provided from 03/18/2014 - 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Review of Toxicology Lab Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen.

Decision rationale: Based on the 07/22/2014 progress report, the patient complains of having left wrist numbness and pain as well as weakness and stiffness in her left wrist and forearm. The request is for a prospective review of toxicology lab testing. The report with the request was not provided. While MTUS does not specifically address how frequent UDS should be obtained from various risk opiate users, ODG Guidelines provided clear guidelines for low-risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months of management of chronic opiate use. In this case, the patient is currently taking hydrocodone and Prilosec. There is no discussion provided as to why the treater is requesting for a toxicology lab. The Utilization Review letter indicates the patient had a urine toxicology on 08/19/2014 which provided negative results of the drugs tested. The treater does not discuss the results. There is no discussion regarding opiate use risk assessment to determine how often UDS's should be obtained. The injured worker's records show that a Toxicology Lab Test was recently done and without an explanation as to why it needs to be repeated, the request for Toxicology Lab Testing is considered not medically necessary.