

Case Number:	CM14-0211649		
Date Assigned:	12/24/2014	Date of Injury:	01/03/2005
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 52-year-old female who reported an injury on 01/03/2005. The mechanism of injury was not clear provided. The injured worker diagnoses included bilateral carpal tunnel, right tennis elbow, and right cubital tunnel. The injured worker's past treatments included physical therapy, surgical intervention, and medications. The injured worker's diagnostic testing was not included in the documentation. The injured worker's surgical history included bilateral carpal tunnel release in 2005. Injured worker is status post right tennis elbow and right radial nerve release in 10/2009. Injured worker is status post left tennis elbow and cubital tunnel release in 06/2010, and right cubital tunnel release on 02/2012. The injured worker also underwent a right 5th digit trigger finger release in 2013 with a repeat 5th digit trigger finger release on 09/24/2014. On 10/30/2014, the injured worker complained of ongoing bilateral upper extremity pain. Injured worker reported that injured worker had been out of Percocet; without medications her pain is an 8/10 on a pain scale, coming down to a 4/10 with medication. Injured worker reported a recent fall while running. Medications allow her to walk for exercise and carry out activities of daily living. There were no adverse side effects noted. Upon physical examination, the patient was noted to have tenderness throughout the carpal tunnel and right and left elbows. The treatment plan included obtaining a random urine drug screen. The injured worker's medications included Percocet 5/325 mg. The request was for a random urine drug screen that was done on 10/30/2014. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted on 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen that was done on 10/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug screening

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

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The injured worker reported that injured worker had been out of Percocet. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a Random urine drug screen that was done on 10/30/14 is not medically necessary.