

Case Number:	CM14-0214004		
Date Assigned:	12/31/2014	Date of Injury:	04/07/2011
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 years old male patient who sustained an injury on 4/7/2011. He sustained the injury due to continuous use of mouse and keyboard. The current diagnoses include neuralgia/neuritis, lateral epicondylitis, bilateral hand joint pain and cervical radiculitis. Per the doctor's note dated 11/17/2014, he had complaints of pain in the bilateral wrists and depression. The physical examination revealed cervical tenderness and spasm and positive Spurling's bilaterally, decreased range of motion, decreased sensation to light touch bilateral forearm. The medications list includes trazodone, cymbalta, lyrica, norco, gabapentin, seroquel, etodolax, metaxalone and ambien. He has had EMG/NCS in 12/2006 and on 3/16/2011 which revealed bilateral carpal tunnel syndrome; right wrist MRI dated 8/29/2012 which revealed degenerative osteoarthritis; MRI cervical spine dated 9/27/2012 which revealed mild spinal canal narrowing at C6-7 with bilateral foraminal stenosis; EMG/NCS dated 11/29/2012 which revealed left carpal tunnel syndrome; MRI lumbar spine dated 9/18/2013. He has undergone back surgery in 2013; right carpal tunnel surgery in 2011; left carpal tunnel surgery in 2009 and right knee surgery in 1995. He has had physical therapy visits, acupuncture visits, chiropractic care and cervical epidural steroid injection for this injury. He has had urine drug screen on 6/10/2014 which was inconsistent for norco, restoril and cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 02/10/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT)

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the cited guidelines, "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology."The patient has a history of symptoms of depression. The medications list includes trazodone, cymbalta, lyrica, norco, gabapentin, seroquel, etodolax, metaxalone and ambien. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The patient has had a urine drug screen on 6/10/2014 which was inconsistent for norco, restoril and cymbalta. Therefore patient is at moderate risk. The request of Outpatient urine drug screen is medically appropriate and necessary for this patient at this juncture.