MAXIMUS Federal Services

Case Number:	CM14-0216408		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2008
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 46-year-old woman with a date of injury of September 30, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is status post bilateral carpal tunnel release.Pursuant to the progress note dated September 25, 2014, the IW complains of bilateral upper extremity pain. The pain is describes as radiating, throbbing, tingling, burning and numbness. The pain is reported to be continuous and frequent. Alleviating factors include electrotherapy and medications. Examination of the bilateral wrists, hands, and fingers reveals positive Tinel's and Phalen's test bilaterally. Current medications include Norco, Xanax, Wellbutrin, and Linzess. There were no risk assessments in the medical record. According to documentation, a urine toxicology was performed in the office (DOS: 9/25/14) to help manage the injured worker's medications and ensure compliance with prescribed medications. A clinical rationale for performing the urine toxicology was not provided. The current request is for retrospective request for one (1) urinalysis toxicology (9/25/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urinalysis toxicology (9/25/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction) and Substance abuse (tol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Pain Section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. A urine drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover the version of prescribed substances. The frequency of urine drug screen is determined by whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. The patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnosis is status post bilateral carpal tunnel release. The documentation did not contain risk assessments or prime urine drug toxicology screens. The documentation does not indicate whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Documentation does not contain any additional urine drug toxicology screens. The risk assessment provides the framework with which to check urine drug toxicology screens whether it be on an annual basis or more frequently with an intermediate and/or high risk for drug misuse or abuse. Consequently, absent clinical documentation with risk assessments, urine drug toxicology screens and a specific clinical indication for a urine drug toxicology screen, urine drug toxicology screen is not medically necessary.