

Case Number:	CM14-0216500		
Date Assigned:	04/14/2015	Date of Injury:	03/01/2008
Decision Date:	05/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 55-year-old male who sustained an industrial injury on 3/1/2008. His diagnoses, and/or impressions, include: cervicgia; left medial and lateral epicondylitis; bilateral carpal tunnel syndrome (CTS), status-post bilateral CTS surgery in 2009; low back pain; thoracic degenerative disc disease; cervical degenerative disc disease with radiculitis; ulnar neuropathy with history of left ulnar nerve transposition (11/26/12); shoulder pain with history of left shoulder allodynia and surgery on 3/30/11; right shoulder surgery on 9/21/11; and chronic pain syndrome, on opioid medications. No current magnetic resonance imaging studies were noted. Electromyogram and nerve conduction studies were noted to have been done on 10/8/2009 & 2/20/2014. His treatments have included a qualified medical re-evaluation (9/19/13); urine toxicology screenings (3/26/14, 6/18/14, 7/16/14, 10/7/14 & 11/4/14)- all consistent; cervical epidural steroid injection therapy with 50% relief of pain, and increased functionality, for over 5 months (5/13/14); and medication management. Recent progress notes noted complaints of severe neck and upper extremity pain, improved on medications. The physician's requests for treatments were noted to include opiate(s); drug metabolites x 12; amphetamine or methamphetamine; benzodiazepines; cocaine or metabolite; phencyclidine (PCP); dihydrocodeineone; dihydromorphinone; "quant" single stationary & mobile; and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Toxicology Screen is not medically necessary.