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| Case Number: | CM14-0216786 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 05/08/2014 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/05/2014 |
| 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: 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 39 year old female sustained a work related injury on 05/08/2014. According to a Medical Legal Evaluation dated 06/05/2014, while performing her usual and customary duties as a vegetable picker she sustained injuries to her left hand by pulling her muscle. The injured worker was prescribed transdermal compounded medications, naproxen, Flexeril, omeprazole and Tylenol #3. Recommendations included a MRI of the left wrist, an initial function capacity assessment, an initial psychological evaluation, TENS/EMS unit, hot/cold therapy unit, PF-NCS testing of the cervical spine and upper extremities, a course of chiropractic therapy and acupuncture treatment. According to the provider a DNA pain profile was going to be obtained to get the injured worker the best option for pain medicine care and treatment. The test identifies potential risk factors for addiction to narcotics as well as resistance to narcotics and will help on a one-time basis do genetic risk assessment for the pain gene profile. Toxicology testing was recommended to monitor medications. According to a Functional Capacity Assessment dated 06/27/2014, it was recommended that the injured worker return to work on light duty within the functional abilities outlined in the report over the course of 4 weeks until a follow up with her physician. According to a pain management consultation dated 10/11/2014, the injured worker had failed to respond to conservative treatment over the past several months that included chiropractic adjustments, physical therapy, multiple oral meds, acupuncture and surgical evaluations. The provider noted that the injured worker was clearly suffering from Chronic Pain Syndrome. As of a progress report dated 11/04/2014, the injured worker complained of occasional moderate achy, stabbing, throbbing low back pain, numbness and tingling; constant

moderate achy, stabbing throbbing left elbow pain and tingling; constant severe sharp, stabbing, throbbing, burning left wrist pain, numbness and tingling; constant severe, sharp, stabbing, throbbing, burning left fingers pain, numbness and tingling. Objective findings of the lumbar spine included no bruising, swelling, atrophy or lesion. There was painful range of motion and tenderness to palpation of the lumbar paravertebral muscles. Examination of the left elbow revealed no bruising, swelling, atrophy or lesion. Range of motion was painful. There was tenderness to palpation of the medial elbow. Examination of the left wrist revealed no bruising, swelling, atrophy or lesion. Range of motion was painful. There was tenderness to palpation of the volar wrist. There was swelling and tenderness in finger joints of the left fingers. Diagnoses included lumbago, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, rule out left carpal tunnel syndrome and rule out left wrist internal derangement. Treatment plan included physical therapy/chiropractor, acupuncture, MRI of the left wrist and toxicology testing. According to a work status report dated 11/06/2014, the injured worker was placed on temporary total disability and was to remain off work until 12/19/2014. On 12/05/2014, Utilization Review non-certified toxicology testing one time a week every six weeks that was requested on 11/24/2014. According to the Utilization Review physician, CA MTUS Guidelines indicate that use of urine drug screening is for patients with documented issues of abuse, addiction or poor pain control. Based on the clinical information submitted for review, the injured worker was not noted to have any issues with abuse, addiction or noted poor pain control with use of medications to indicate the need for toxicology testing one time a week every six weeks. Guidelines referenced for this review included CA MTUS Chronic Pain, page 78. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology testing 1 time per week every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Indicators for Addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic upper extremity pain. The treating clinician recommends "toxicology testing" every 6 weeks for this patient. The documentation provided does not have any of the stigmata of drug abuse, addiction, or drug related aberrant behavior. The treatment guidelines recommend drug testing if there are concrete reasons to suspect drug addiction and other opioid related problems. Based on the documentation, toxicology screening is not medically indicated.