

Case Number:	CM15-0001534		
Date Assigned:	01/12/2015	Date of Injury:	04/08/2014
Decision Date:	05/29/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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 42-year-old female who reported an injury on 04/08/2014. The mechanism of injury was cumulative trauma. On 10/29/2014, the injured worker presented with complaints of neck, bilateral arm, bilateral elbow, and bilateral wrist and hand pain. Diagnoses were overuse syndrome. Medications included Duragesic patch. Examination of the bilateral arms revealed mild pain with radiation into the shoulders with stiffness and complaints of worsening symptoms at night. Pain is aggravated by repetitive use and improved by the use of ice. Examination of the right and left elbow revealed mild pain that radiates into the forearm and upper arm. Symptoms include tingling. Examination of the bilateral wrists revealed pain radiating into the elbow, wrists, and hand. Diagnoses were left upper extremity tendonitis at the elbow as well as wrist and right upper extremity tendonitis at the elbow and wrist. Treatment plan included Celebrex 200 mg, Voltaren gel, Prilosec 20 mg, a urine drug screen. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test that was done on 11/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The request for a urine toxicology test that was done on 11/20/2014 is not medically necessary. California MTUS Guidelines recommend a urine drug test as an option to assess for the presence of illegal drugs. It is also used in conjunction with a therapeutic trial of opioids or for ongoing management and as a screening for risk of abuse and addiction. Documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or that the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established. Therefore, the requested medical treatment is not medically necessary.