

Case Number:	CM15-0006823		
Date Assigned:	01/26/2015	Date of Injury:	06/07/2013
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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

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 (IW) is a 40 year old male, who sustained an industrial injury on 06/07/2013. He has reported pain in the right wrist. The diagnoses have included fracture of right wrist. Treatment to date has included Triangular Fibrocartilage Complex repair of right wrist, on 04/29/2014, physical therapy including stretching, heat, cold, activity modifications, physical therapy home exercises TENS (Transcutaneous Electrical Nerve Stimulation), medications including anti-inflammatory drugs, muscle relaxer and an opioid narcotic analgesic Schedule 2 drug. Currently, the IW complains of right wrist pain dorsal aspect that is rated a 5/10. Activities of daily living are maintained with the medication on board at the current dosing regimen. A request for a random toxicology screen was made 11/19/2014. On 01/07/2015 Utilization Review non-certified a Random toxicology screen, noting there were no notes documenting when the IW last had a urine drug screen and what the outcome was. The MTUS, Guidelines, Chronic Pain- Random toxicology screen, per 11/19/2014 exam note were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random toxicology screen, per 11/19/2014 exam note: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 77, 80 and 94.

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

Decision rationale: The patient presents with pain in the right wrist dorsal aspect that is rated a 5/10. The request is for Random Toxicology Screen, Per 11/19/2014 Exam Note. The RFA was not provided. Patient's diagnosis have included fracture of right wrist. Treatment to date has included Triangular Fibrocartilage Complex repair of right wrist, on 04/29/2014, physical therapy including stretching, heat, cold, activity modifications, physical therapy home exercises TENS (Transcutaneous Electrical Nerve Stimulation), medications including anti-inflammatory drugs, muscle relaxer and an opioid narcotic analgesic Schedule 2 drug. Patient is temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43:Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. According to the toxicology report dated 12/04/14, urine drug screening was not consistent with the prescribed medications and not detected. Given the patient's opiate regimen, a UDS would be appropriate. This request IS medically necessary.