

Case Number:	CM15-0007054		
Date Assigned:	01/26/2015	Date of Injury:	01/26/2014
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
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 is a 41 year old female who sustained an industrial injury on January 26, 2014. She has reported pain in the right wrist and forearm and has been diagnosed with carpal tunnel syndrome, cubital tunnel syndrome, elbow arthralgia, and wrist arthralgia. Treatment to date has included ice, heat, home exercise program, and medications. Currently the injured worker complains of elbow tenderness and right hand tenderness. The treatment plan included a home exercise program, medication, modified work duty, and medical imaging. On December 16, 2014 Utilization Review non certified Urine toxicology 3 x year citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology 3 x a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

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, a 41-year-old female with an injury date of 01/26/14, presents with right wrist/hand pain rated 08/10 radiating into the right forearm radiating up the arm to the upper arm and shoulder. The request is for URINE TOXICOLOGY 3X A YEAR. The RFA is not provided. Patient's diagnosis included carpal tunnel syndrome, cubital tunnel syndrome, elbow arthralgia, wrist arthralgia, and wrist sprain/ strain. Naprosyn was reported as the current medication. No other medications were reported. Patient is not working. 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. MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. In this case, there is no evidence that the patient is on any opiate regimen nor there is an indication of the treater's intent to start the patient on such therapy. Furthermore, there is no information relating to previous drug tastings and results. Therefore, the request IS NOT medically necessary.