

Case Number:	CM15-0111907		
Date Assigned:	06/18/2015	Date of Injury:	03/12/2014
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, 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 (IW) is a 45-year-old female who sustained an industrial injury on 03/12/2014. She reported pain in both wrists. The injured worker was diagnosed as having right carpal tunnel syndrome, right triangular fibrocartilage tear, right wrist sprain/strain, left carpal tunnel syndrome, left wrist pain, left wrist sprain. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of frequent moderate stabbing, burning right wrist pain with heaviness, tingling and weakness radiating to right arm and elbow. On the left wrist, the IW complains of frequent moderate sharp stabbing and burning left wrist pain with numbness tingling and weakness. Objectively there is no bruising, swelling, atrophy or lesion present on either wrist. Medications include Naproxen, Cyclobenzaprine, Pantoprazole, and topically compounded creams. Treatment plans included continued use of medications as prescribed. A urinalysis was done 04/14/2015 to obtain a baseline so that there is more accuracy in predicting future compliance to a prescribed medication treatment in addition to determining the presence of illicit drugs in the IW's system. A request for authorization is made for Specimen collection and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specimen collection and handling: Upheld

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

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". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Specimen collection and handling is not medically necessary.