

Case Number:	CM15-0112040		
Date Assigned:	06/18/2015	Date of Injury:	11/05/2010
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 52 year old female, who sustained an industrial injury on November 5, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having bilateral upper extremity overuse tendinopathy, bilateral lateral epicondylitis, status post right elbow epicondylar release in 2012, and status post left elbow surgery in January 2014. The medication records indicate that urine drug screening has been performed, but the specific dates and results are not included in the provided documentation. Treatment to date has included elbow injections in 2011, postoperative physical therapy with heating and ultrasound treatments, a left elbow neoprene sleeve, and medications including transdermal creams, proton pump inhibitor, and an over-the-counter non-steroidal anti-inflammatory. On April 3, 2015, the injured worker complains of persistent bilateral elbow pain, which is constant. In addition, she complains of ongoing forearm pain. Her pain is rated 7-8/10. Non-steroidal anti-inflammatory medication and physical therapy is helpful. The bilateral elbow exam revealed healed lateral epicondylar scars, tenderness of the proximal pole of the incision mainly on the left upper extremity/elbow, and decreased range of motion with end range pain. The treatment plan includes continued postoperative physical therapy, temporarily totally disabled, and follow-up in 6 weeks. Requested treatments include: a retrospective urine toxicology screen for the date of service 4/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: urine toxicology screen date of service 4/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine toxicology screen date of service April 4, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis are bilateral upper extremity overuse tendinopathy; bilateral lateral epicondylitis; status post right elbow epicondylar release November 8, 2012; and status post left elbow surgery January 2014. According to a progress note dated April 3, 2015, the injured worker has bilateral elbow pain. There are no prescribed medications. The injured worker uses ibuprofen over-the-counter. There is no plan for opiate or controlled substance in the medical record. There is no aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. There is no clinical indication or rationale for urine drug screen. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse or abuse, prescriptions for controlled substances and a clinical indication and rationale for urine drug screen, retrospective urine toxicology screen date of service April 4, 2015 is not medically necessary.