

Case Number:	CM15-0126480		
Date Assigned:	07/13/2015	Date of Injury:	11/19/2012
Decision Date:	08/06/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/30/2015

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 55 year old female, who sustained an industrial injury on 11/19/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having status post left carpal tunnel syndrome correction and complex regional pain syndrome of the left wrist. There is no record of a recent diagnostic study. Treatment to date has included left cervical stellate ganglion block, therapy and medication management. In a progress note dated 5/19/2015, the injured worker complains of neck pain, rated 5/10 and pain in the left arm and hand. Physical examination showed moderate swelling noted on the left index to the ring fingers, no cervical tenderness, and cervical and shoulder range of motion was within normal limits. The treating physician is requesting random urine drug screen from 5/19/2015 and 2 sympathetic block injections from between 5/19/2015 and 7/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urinary drug screen (retrospective 5/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine drug testing (UDT).

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, random urine drug screen (retrospective May 19, 2015) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, 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 diagnoses are status post left carpal tunnel syndrome; and complex regional pain syndrome, left wrist. Date of injury was November 19, 2012. The request for authorization was dated June 2, 2015. A progress note dated February 25, 2015 shows the injured worker was taking occasional diclofenac that was subsequently discontinued due to drowsiness. A progress note dated April 2, 2015 does not contain a list of current medications. A progress note dated May 19, 2015 subjectively states the injured worker has ongoing neck pain and left arm and hand pain. The treatment plan states a urine drug screen is necessary to check compliance with current medications. The documentation does not contain a list of opiates or other controlled substances. There is no clinical indication or rationale for ordering a random urine drug screen. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines, no documentation of current opiate or controlled substance use and no evidence of aberrant drug-related behavior, random urine drug screen (retrospective May 19, 2015) is not medically necessary.