

Case Number:	CM15-0175190		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2013
Decision Date:	10/16/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old who sustained an industrial injury on 01-28-2013. Diagnoses include signs and symptoms of the right elbow, cubital tunnel syndrome, status post inguinal hernia repair x 2 with sensory cutaneous nerve injury-right, and hip and thigh signs and symptoms. A physician progress note dated 07-27-2015 documents the injured worker continues to complain of right elbow pain and hip pain-inguinal pain and right inguinal area paresthesias. His pain is constant and severity of symptoms is described as moderate with significant limitation. He has radiation of pain in to his hand, fingertips including the middle finger, ring finger and pinky. There is tenderness on direct compression to the lateral epicondyle. He has full range of motion. There is a positive ulnar nerve Tinel sign and a positive elbow flexion test with paresthesias to the ulnar nerve distribution within one minute. He has pain in his right inguinal area that radiates to the gluteal area, inner thigh, and right scrotum area numbness. He wakes up at night due to pain. A Magnetic Resonance Imaging of the right hip done on 03-26- 2015 was unremarkable. On 03-31-2015, an Electromyography and Nerve Conduction Velocity of the right lower extremity showed no evidence of impaired conduction. Documented treatment to date has included diagnostic studies, medications, and status post right inguinal hernia surgery x 2. Current medications include Ibuprofen, Benadryl, Wellbutrin XL, Neurontin and Ultracet. Work status is documented as modified duties. On 07-29-2015, his urine drug screening was consistent with his medications. On 08-05-2015 the Utilization Review non-certified the requested treatment Urine drug screens QTY 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 47 year old male has complained of right elbow and hip pain since date of injury 1/28/2013. He has been treated with surgery, physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.