

Case Number:	CM15-0026493		
Date Assigned:	02/18/2015	Date of Injury:	09/25/2012
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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, Michigan, 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 is a 45 year old female, who sustained an industrial injury on 09/25/2012. She has reported subsequent shoulder, hand, finger and neck pain and was diagnosed with carpal tunnel syndrome, failed carpal tunnel decompressive surgery, injury of the cervical spine, neck pain, depressive disorder and chronic regional pain syndrome. Treatment to date has included oral pain medication, surgery and a home exercise program. In a progress note dated 11/24/2014, the injured worker complained of pain in the shoulder, hands, fingers and neck. Objective physical examination findings were notable for an abnormal gait, moderate pain and discomfort with neck movements, moderate tenderness with spasm of the paraspinal muscles and decreased range of motion. Medications were noted to be Norco, Lyrica, Topiramate and Alprazolam. A request for authorization of urine drug screens was made for 09/24/2014 and 10/23/2014. On 02/04/2015, Utilization Review non-certified requests for urine drug screens on 09/24/2014 and 10/23/2014, noting that the current standard of care does not require monthly testing of patients undergoing opioid treatment and that additional documentation in support of such testing must be submitted. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen (DOS: 9/24/14, 10/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 retrospective Urine drug screen is not medically necessary.