

Case Number:	CM15-0033617		
Date Assigned:	02/27/2015	Date of Injury:	07/17/2014
Decision Date:	05/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 44-year-old male, who sustained an industrial injury on 7/17/2014. He reported injury of the right hand. The injured worker was diagnosed as having right hand pain, neuropathy, and medication-induced gastritis. Treatment to date has included medications, physical therapy, dressing changes, x-rays, and magnetic resonance imaging. The request is for a urine drug screen. On 1-19-2015, he complains of right hand pain he rated 6-7/10 on a pain scale. He indicates he is having less pain, and continues to have numbness and tingling going up into the elbow. He reports that Ibuprofen upsets his stomach. The treatment plan included: electrodiagnostic studies; continue physical therapy, refilling medications: Gabapentin, Voltaren gel, and Omeprazole, and change Ibuprofen to Naproxen, and urinalysis. The records indicate he had an injection in 11/2014, which he reports having helped with his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids, pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Since this patient is not taking any DEA controlled medications, and there is no documented suspicion of aberrant behavior this request does not appear appropriate. Likewise, this request for drug testing is not considered medically necessary.