

Case Number:	CM15-0066048		
Date Assigned:	04/13/2015	Date of Injury:	08/19/2010
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male, who sustained an industrial injury on August 19, 2010. The injured worker has been treated for neck, back, bilateral shoulder, bilateral elbow, bilateral hand/wrist and bilateral knee pain. The diagnoses have included bilateral ulnar neuropathy, cervical radiculopathy with weakness, herniated cervical disc, bilateral elbow epicondylitis, status post right wrist distal radius and ulnar fracture, right wrist post-traumatic arthritis and depression secondary to orthopedic condition. Treatment to date has included medications, radiological studies, electrodiagnostic studies and right shoulder arthroscopies times two. Current documentation dated December 30, 2014 notes that the injured worker reported ongoing pain in the neck, shoulders, elbows, wrists, hands, middle back, low back and knees. Examination of the right hand and wrist revealed no visual deformities, diffuse tenderness over the wrist and third to fifth fingers. Provocative testing was noted to be negative and range of motion was decreased. The treating physician's plan of care included a request for a right ulnar groove steroid injection and a urinalysis toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar groove steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: According to the ACOEM Chapter 10, Injections of corticosteroids or local anesthetics or both should be reserved for injured workers who do not improve with more conservative therapies. According to the documents available for review, the IW has a cervical radiculopathy by MRI. EMG results were negative for ulnar entrapment. There is no indication or rationale provided to indicate how the proposed injection would benefit the injured worker. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Urinalysis toxicology screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Drug Testing.

Decision rationale: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential, the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or “at risk” addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an

adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets none of the aforementioned MTUS criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.