

Case Number:	CM15-0067194		
Date Assigned:	04/14/2015	Date of Injury:	03/10/2007
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
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 63 year old male, who sustained an industrial injury on 3/10/2007. He reported bilateral wrist/hand pain. The injured worker was diagnosed as having carpal tunnel. Treatment to date has included medications, magnetic resonance imaging, and left carpal tunnel release. The request is for urine toxicology. On 3/11/2015, he complained of right hand pain rated 8/10 with radiation to the elbow. He reported rest to provide relief. The records indicate the left hand was declared MMI on 12/17/2014. The treatment plan included: rendering urinalysis, and orthopedic evaluation for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Prior results in 9/2014 did not indicate any medication use and details on medications taken at the time were not provided. Similarly current medications are not provided to determine necessity of urine screening or any suspicion of abuse or non-compliance. Based on the above references and clinical history a urine toxicology screen is not medically necessary.