

Case Number:	CM15-0069863		
Date Assigned:	04/17/2015	Date of Injury:	04/01/1986
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: Physical Medicine & Rehabilitation, 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 64 year old female, who sustained an industrial injury on 4/1/1986. The mechanism of injury is unknown. The injured worker was diagnosed as status post left trigger thumb release, status post left shoulder arthroscopy and status post bilateral carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included shoulder injections and medication management. In a progress note dated 2/19/2015, the injured worker complains of shoulder pain and tenderness. The treating physician is requesting a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen (through One Call medical 866-557-8670): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The claimant is nearly 30 years status post work-related injury and underwent a left thumb trigger finger release in September 2014. When seen, Vicodin was prescribed and urine drug screening as requested. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant would appear to be a low risk. Vicodin / Norco are being prescribed. There are no prior urine drug screen test results. Therefore, the request was medically necessary.