

Case Number:	CM15-0069918		
Date Assigned:	04/17/2015	Date of Injury:	04/15/2013
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
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: 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 51 year old female with an industrial injury dated April 15, 2013. The injured worker diagnoses include cervical spine sprain/strain /herniated cervical disc, left shoulder sprain/strain, elbow sprain/strain , left hand sprain/strain, tendinitis/carpal tunnel syndrome, left wrist sprain/strain /internal derangement, anxiety and depression, memory impairment, cephalgia, diabetes, weight gain, status post right shoulder scope 2005, status post left carpal tunnel release 2/2013 with residual pain, status post left carpal tunnel release 7/2009 with residual pain, status post right DeQuervain's release 7/2009, status post left elbow cubital tunnel release 3/2014, right elbow lateral epicondylitis, right elbow internal derangement/radial collateral ligament/lateral ulnar collateral ligament tears, right shoulder supraspinatus tear/ infraspinatus tendonosis, internal derangement and right wrist intercalated segment instability. Treatment consisted of diagnostic studies, prescribed medications, acupuncture treatments and periodic follow up visits. In a progress note dated 2/24/2015, the injured worker reported severe right elbow pain radiating into the wrist and hand. The injured worker also reported inability to grip with right thumb and increasing swelling and numbness. Objective findings revealed tightness and spasm at the trapezius and sternocleidomastoid and strap muscles, positive impingement test and tenderness of rotator cuff. The treatment plan included pharmacological management. The treating physician prescribed services for urine drug test with retrospective date of service 2/24/2015 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug test (DOS 02/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-88.

Decision rationale: This injured worker receives treatment for chronic neck, shoulder and upper extremity pain. This review addresses a retrospective urine drug screen request. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.