

Case Number:	CM15-0074821		
Date Assigned:	04/24/2015	Date of Injury:	01/13/2013
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 70-year-old male, who sustained an industrial injury on January 13, 2013. The injured worker reported neck, shoulder, back, hip, knee and wrist and hand pain with gradual onset. The injured worker was diagnosed as having bilateral middle finger triggering, left carpal tunnel syndrome, cervical and lumbar stenosis with disc spondylosis and status post left hip replacement. Treatment and diagnostic studies to date have included physical therapy, injections, surgery and medication. A progress note dated February 3, 2015 provides the injured worker complains of neck, shoulder, back and hand pain. Physical exam notes mild distress, slightly restricted gait, cervical tenderness with guarding, shoulder impingement and moderate lumbar tenderness with decreased range of motion (ROM). X-rays and magnetic resonance imaging (MRI) were reviewed. The plan includes lumbar nerve blocks, finger injections and a request for lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Qualitative Point of Care Test x 2 units and Quantitative Lab Confirmations: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a urine drug screen. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There was a previous UDS performed on 2/3/15. There are no indications to why this would need to be repeated at this time. According to the clinical documentation provided and current MTUS guidelines; a urine drug screen is not medically necessary at this time.