

Case Number:	CM15-0075108		
Date Assigned:	04/24/2015	Date of Injury:	09/30/2003
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on 9/30/2003. The current diagnosis is left carpal tunnel syndrome. According to the progress report dated 4/6/2015, the injured worker complains of bilateral wrist pain with numbness, left worse than right. The pain is rated 4-6/10 with medications and 7-10/10 without. Additionally, she reports low back and bilateral shoulder/knee pain. The current medications are Norco and Voltaren gel. Treatment to date has included medication management. Per notes, left carpal tunnel surgery was authorized. The plan of care includes urine drug screen, transportation to and from facility for surgery, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Urine Drug Screen (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Outpatient Urine Drug Screen (UDS) is not medically necessary and appropriate.

Transportation to and from facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Transportation, page 354.

Decision rationale: ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of ADL limitations or specific neurological deficits to support for transportation services. The Transportation to and from facility is not medically necessary and appropriate.