

<b>Case Number:</b>	CM13-0008880		
<b>Date Assigned:</b>	09/10/2013	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 40 year-old male with a reported date of injury on 08/17/2012. The mechanism of injury was a laceration to tendon of right hand. His relevant diagnoses included status post extensive laceration to right wrist extensors, right wrist artrofibrosis, repair of extensor tendon to small and ring fingers and extensor carpi radials repair. His past treatments included physical therapy, massage, paraffin baths, a home exercise program, bracing, a cortisone injection to the right little finger flexor A1 pulley, and medications. His surgical history included right wrist extensor carpi ulnaris and extensor tendons repair of the small finger on 08/17/2012. On 01/15/2014 the injured worker complained of painful triggering of his right little finger, which, for the prior three to four months was exacerbated with repetitive gripping, grasping and squeezing. He reported pain rated 8/10. JAMAR grip dynamometer strength readings revealed grip strength of 20/19/22 kg on the right and 35/37/37 kg on the left. Tenderness was noted over the flexor tendons of the right ring and little fingers, particularly over the A1 pulleys of his right little finger. Painful triggering of his right little finger was reproducible during examination. He was able to make a fist with his right hand, with his fingertips touching the mid palmar crease of his right hand. His right wrist range of motion was within normal limits. Medications included Neurontin 600 mg and Anaprox 550. He was previously prescribed Motrin 800 mg and Vicodin 5/500 mg. The treatment plan included recommendations to continue medications as needed and reevaluate the injured worker four to six weeks later. The request was for a urine drug screen test to be performed at the next visit. The rationale for this request was not specifically stated. The Request for Authorization form was dated 10/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen test to be performed at at next visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, and Opioids, criteria for use Page(s): 43 and 78.

**Decision rationale:** The request for Urine Drug Screen Test to be performed at next visit is not medically necessary. The injured worker reported painful triggering of his right little finger, for past three to four months exacerbated with repetitive gripping, grasping and squeezing and self-rated pain at 8/10. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. There is no evidence within the documentation that the injured worker is at risk for medications misuse. There is a lack of documentation demonstrating when the injured worker last underwent a urine drug screen, as well as the results of any prior urine drug screens. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, per the most recent clinical note, the injured worker was not prescribed any opioid medications. Therefore, the request for Urine Drug Screen Test to be performed at next visit is not medically necessary.