

Case Number:	CM13-0038056		
Date Assigned:	12/18/2013	Date of Injury:	02/01/2013
Decision Date:	05/15/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

The patient is a 28-year-old female who sustained cumulative trauma between February 1 and May 1, 2013. The patient complains of pain and tenderness in shoulders, elbows and wrists, her lower back, and both knees. She had limitation of motion of both shoulders secondary to pain. Thenar muscle atrophy was noted in the hands together with subluxation of the metacarpal carpal joints and tenderness over the triangular fibrocartilage and at the carpal tunnel. She had a positive Tinel's sign at the wrist, positive Phalen's sign and a positive compression sign bilaterally. She had weakness of her wrist strength bilaterally and decreased sensation along both median nerves. She also had tenderness with muscle spasm in the lumbar area and decreased lumbar motion. She had pain and tenderness in her knees. The patient is taking a number of proprietary medications prescribed by her provider. These medications contain diphenhydramine, ranitidine, gabapentin, Tramadol, and Cyclobenzaprine. They are mixed with other proprietary ingredients. The amount of the active ingredients in the medication is not specified. Request is made for a urine toxicology evaluation in order to monitor closely for effectiveness and possible dependency. There is also a request for an MRI scan of the left wrist in order to rule out a tear of the triradial cartilage.

IMR ISSUES, DECISIONS AND RATIONALES

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

UR TOXICOLOGY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing .

Decision rationale: The MTUS guidelines recommend the use of a urine drug screen to assess for use or the absence of illegal drugs. In addition it can be used to assess compliance, aid in identifying drug dependence or addiction. The ODG guidelines for drug testing are: recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical notes from her chiropractic provider state the patient is taking Norco. The medical notes from her M.D. provider states the patient is taking a list of compounded products, one of which contains Tramadol. The patient is not on a comprehensive pain management program. Random drug screens can be used to monitor the effectiveness and possible dependency or use of illicit drugs. Therefore, the use of periodic random drug screens is considered medically necessary.

MRI OF THE LEFT HAND: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-274. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand, MRI.

Decision rationale: While the MTUS guidelines do not specifically address problems with the triradial cartilage, the ODG does and it states that an MRI scan can be diagnostic in identifying tears of the triradial fibrocartilage. This patient has chronic pain and tenderness over the left wrist, decreased grip strength on this side compared to the right side and the provider is concerned about a tear of the triradial fibrocartilage. An MRI can be diagnostic in identifying tears of the triradial fibrocartilage. Therefore, the medical necessity of an MRI of the left wrist is established