

Case Number:	CM13-0045722		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2012
Decision Date:	02/12/2014	UR Denial Date:	10/16/2013
Priority:	Expedited	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 25 year-old female sustained an injury on 10/25/12 while employed by [REDACTED]. Request under consideration include an URGENT urine drug screen, to include the following: assay of methadone; assay of opiates; drug confirmation; chromatography quan column 1 analyte nes; assay of amphetamines; assay of barbituates; drug screen quantitative benzodiazepines; quantitative assay drug; column chromatography/mass spectrometry (eg GC/MS, or HPLC/MS), analyte not elsewhere specified; assay of meprobamate; assay of cocaine; column chromatography/mass spectrometry (eg GC/MS, or HPLC/MS), analyte not elsewhere specified. Diagnosis include Right deQuervain's tenosynovitis and history of right first dorsal compartment release. Report of 9/30/13 from [REDACTED] noted the patient's condition has improved. There is right hand pain with tightness and tingles when she rubs the top. Exam of the right upper extremity has negative Tinel's, Phalen's and Finkelstein's tests; Range of motion of right wrist is full; Jamar testing on right 8/6/10 and left 18/20/20. She takes Norco and has completed physical therapy. The patient has achieved MMI with future medical care including ortho, OTC meds, and short courses of physical therapy 3x/wk for 2 weeks 3-4x/year. A urine toxicology screen was performed to monitor the patient's compliance with her pharmaceutical regime (including controlled substance). Request for panel drug test was non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT urine drug screen, to include the following: assay of methadone; assay of opiates; drug confirmation; chromatography quan column 1 analyte nes; assay of amphetamines; assay of barbituates; drug screen quantitative benzodiazepines; quantitative assay drug; column chromatography/mass spectromet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids, Criteria for use of opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This 25 year-old female sustained an injury on 10/25/12 while employed by [REDACTED]. Diagnosis include Right deQuervain's tenosynovitis and history of right first dorsal compartment release. Report of 9/30/13 from [REDACTED] noted the patient's condition has improved. Exam indicates besides decreased grip strength, range of motion is full, negative provocative testing without neurological deficits identified. MTUS Guidelines are silent on the current request for immunoassay for drug screening with multiple controlled substance testing. ODG states point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. 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 stable on Norco for this 2012 injury that has now per provider, achieved MMI with future medical care provision to include OTC medications and PT for acute flare-up of symptoms. The medical necessity for the Oral swab for addiction is not supported and is Non-certified. The URGENT urine drug screen, to include the following: assay of methadone; assay of opiates; drug confirmation; chromatography quan column 1 analyte nes; assay of amphetamines; assay of barbituates; drug screen quantitative benzodiazepines; quantitative assay drug; column chromatography/mass spectrometry (eg GC/MS, or HPLC/MS), analyte not elsewhere specified; assay of meprobamate; assay of cocaine; column chromatography/mass spectrometry (eg GC/MS, or HPLC/MS), analyte not elsewhere specified is not medically necessary and appropriate.