

Case Number:	CM13-0053543		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2012
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, has a subspecialty in interventional spine 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:

The patient is a 53-year-old female with date of injury on 04/20/2012. The progress report dated 10/07/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Pain in joint, hand. 2. Carpal tunnel syndrome. 3. OTH tenosynovitis, hand. The patient continues with constant right wrist pain. Physical exam finding shows positive tenderness over the first dorsal compartment. Treatment recommendation was for injection of the right first compartment and topical ointment of unknown ingredients. There was also a urine drug screen done on 09/16/2013 which was under review. The utilization review letter dated 10/22/2013 issued non certification of these 3 items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary-pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>)

Decision rationale: The patient continues with right wrist pain. The progress report dated 09/16/2013 indicates that the patient was issued a urine drug screen and the patient had reported that they were not taking any medication at that time. The urine drug screen came back negative for all medications. There was a urine drug screen in January of 2013 which was also negative. These negative screens appeared to be consistent with the patient's medication history. The treating physician did not provide documentation as to any suspicion that the patient was not taking medication as prescribed. MTUS Guidelines pages 94 and 95 regarding treatment guidelines first step to avoid opioid misuse recommends frequent random urine toxicology screens with patients that are at high risk for abuse. MTUS does not discuss the frequency for low-risk patients; therefore, ODG Guidelines were reviewed. ODG states that low-risk patients of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The patient has already had 1 urine drug screen in 2013. The treating physician did not provide rationale that he was suspicious of aberrant drug-seeking behavior. Therefore, recommendation is for denial.

Injection to the right dorsal compartment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 272.

Decision rationale: The patient appears to have persistent right wrist pain and tenderness over the right dorsal compartment. They have a diagnosis of tenosynovitis. ACOEM Guidelines on page 272 states that initial injection into tendon sheath for clearly diagnosed cases of de Quervain's syndrome, tenosynovitis, or trigger finger is recommended. For the review of the records, it does not appear that the patient has had previous injection into the dorsal compartment. This treatment appears to be recommended and reasonable in this case. Therefore, authorization is recommended.

Topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient continues with right wrist pain. MTUS page 111 regarding topical analgesics states that, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The topical ointment that has been prescribed for this patient is not identified. Therefore, I am unable to determine if the ingredients of this topical ointment are medically necessary according to MTUS Guidelines. Therefore, Recommendation is for denial.