

Case Number:	CM13-0060507		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	05/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

The patient is a 29 year old female with date of injury on 05/15/2013 to her right hand/wrist immediately after moving a patient, while working as a certified nursing assistant. She was originally diagnosed with a scaphoid fracture and De Quervain's tenosynovitis from her first evaluation after the injury, but later when reviewed by an orthopedist on June 7, 2013, it did not confirm the fracture and none was seen on the review of x-ray. A diagnosis of De Quervain's tenosynovitis was given at that visit. She has had an MRI as well that showed a ganglion cyst, but no other findings of concern. She has had treatment with physical therapy and occupational therapy and used Naproxen and Ibuprofen. No opioid therapy has been prescribed. The review is for a urine drug screen.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioid Page(s): 43, 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing can be performed when there is suspicion of illegal drug use, misuse of prescription drugs, compliance issues, and when monitoring opioid therapy long-term. According to the notes presented for review, the patient is not using any short or long-term opioid therapy for pain control, and there is no concern for abuse or illicit drug use conflicting with her treatment. The request for a urine drug screen is not medically necessary and appropriate.