

Case Number:	CM13-0066498		
Date Assigned:	01/03/2014	Date of Injury:	05/15/2013
Decision Date:	04/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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:

According to the records made available for review, this is a 29-year-old female with a 5/15/13 date of injury. At the time of request for authorization for one urine drug screen, qualitative, single drug class, there is documentation of subjective reporting by the patient of (right wrist and hand pain with intermittent locking) and objective findings on exam of (spasm and tenderness to the right anterolateral wrist near the base of the thumb, positive Bracelet test, and positive Finkelstein's on the right) findings. Current diagnoses include (rule out fracture of a carpal bone and tendinitis/bursitis of the right hand/wrist). Treatment to date has included (cortisone injection, physical therapy, and Ibuprofen). There is no documentation that the patient is under on-going opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

one urine drug screen, qualitative, single drug class: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of rule out fracture of a carpal bone and tendinitis/bursitis of the right hand/wrist. However, there is no documentation that the patient is under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for one urine drug screen, qualitative, single drug class is not medically necessary