

Case Number:	CM13-0067189		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2009
Decision Date:	04/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational 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:

According to the records made available for review, this is a 38-year-old female with a 6/26/09 date of injury. At the time of the 12 panel urine drug screen, there is documentation of subjective (constant right hand pain) and objective (positive Finkelstein and tenderness at base of scaphoid) findings, current diagnoses (right DeQuervain's and right scaphoid injury), and treatment to date (medications (including opioids)). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PANEL URINE DRUG SCREENING PERFORMED ON 10/28/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that there must be documentation of abuse, addiction, or poor pain control in patients under on-going opioid treatment to support the medical necessity of a urine drug screen. Within the medical information available for review, there is documentation of diagnoses of right DeQuervain's and

right scaphoid injury. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the 12 panel urine drug screening performed on 10/28/2013 was not medically necessary.