

<b>Case Number:</b>	CM14-0005285		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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:

The patient is a 43-year-old male who has submitted a claim for contusion of the the right middle finger, proximal interphalangeal joint sprain associated with an industrial injury date of January 2, 2013. Medical records from 2013 were reviewed showing the patient complaining of constant pain on the middle finger of the right hand grade 6-7/10. The pain is aching, stabbing and sharp in nature especially on moderate pressure on the right hand. There is radiation up to the entire right hand. Physical examination showed moderate tenderness on the proximal interphalangeal joint of the right middle finger with mild to moderate edema. Motor and sensation is intact. MRI of the right hand on May 30, 2013 showed unremarkable results but official report was not made available. Treatment to date has included medications, electrostimulation, thermal treatment, physical therapy, home exercise program and activity modification. Utilization review from December 27, 2013 denied the request for 1 urine drug screen. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE DRUG SCREEN,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in CA MTUS ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, the patient was noted to be positive for amphetamines and methamphetamines on 3 out of 4 urine drug screens as per the medical records submitted. The most recent urine drug screen dated September 6, 2013 was still positive for amphetamine and methamphetamine. The documented rationale of the request was to assess medication compliance and identify possible drug diversion. The medical necessity has been established based on the patient's use of the illegal drugs mentioned. Therefore, the prospective request for 1 urine drug screen is medically necessary.