

Case Number:	CM14-0005636		
Date Assigned:	02/05/2014	Date of Injury:	06/06/2013
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 49-year-old male who reported an injury on 06/06/2013. The mechanism of injury was the injured worker was inspecting a machine which caught his thumb and amputated 1/3rd of his right thumb. The injured worker had a revision amputation of the right distal thumb which involved a full-thickness skin graft from the distal thumb amputated part to be a revision amputation stump on 06/06/2013. The clinical documentation indicated that the injured worker was utilizing medications for high blood pressure and high cholesterol. The diagnosis was status post right thumb distal phalanx amputation. The treatment plan included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screens are appropriate when the injured worker has documented issues of addiction abuse or poor pain

control. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was lack of documentation indicating the injured worker was on medications that would support the necessity for a urine drug screen. The request as submitted failed to indicate the date for the retrospective request. Given the above, the retrospective urine drug screen is not medically necessary.