

Case Number:	CM14-0008627		
Date Assigned:	02/12/2014	Date of Injury:	11/04/2008
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Emergency 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:

This is a patient with reported date of injury of 11/4/2008. The mechanism of injury described as arm being caught in a machine. The patient has a diagnosis of right elbow sprain/strain, crush injury to wrist, diabetes, hypertension, stress and anxiety and insomnia. There is a report that his right hand was amputated and that he wears a prosthetic. Multiple medical records reviewed from primary treating physician. Last clinical note is available until 1/28/14. Several progress reports are hand written and is barely if not completely illegible. Most legible and complete note is from 12/19/13 which was the initial assessment and report. The patient complains of right elbow pain. Pain is 8/10. The patient also has burning pain to wrist stump and is 8/10 intensity. Objective exam note from progress notes are very brief and limited and basically states "right wrist/elbow status post amputation tender to palpation." Nothing else is legible. The note from 12/19/13 states that right shoulder exam was normal, right elbow has tenderness to palpitation with associated spasms of right elbow (a note mentions that patient is status post elbow amputation) right wrist exam is tenderness and spasms of right wrist and is post hand amputation. There is noted decreased range of motion of right elbow and right wrist. The note mentions a concern for phantom limb syndrome or potential reflex sympathetic dystrophy. A urine drug screen done on 12/19/13 shows positive for hydrocodone and hydromorphone. The note from 12/19/13 requests urine drug screen as part of pain narcotic contract and appropriate use of opioids. The medication list from 12/19/13 is Norco, codeine, lisinopril, Metformin, insulin and Simvastatin. The note mentions starting gabapentin and other creams. Prior utilization review on 1/9/14 recommended non-certification.;

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY DRUG TESTING MONITORING: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Guidelines for the Chronic use of Opioids.

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

Decision rationale: The patient is chronically on opioids for chronic pain control. The patient appears to currently be on Norco. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. The primary treating physician documents monitoring of Controlled Substance Utilization Review & Evaluation System (CURES) and asking questions concerning suspicious activity and pain contract. As part of a pain control program, the utilization of urine toxicology drug testing monitoring is medically necessary.