MAXIMUS Federal Services

Case Number:	CM14-0108492		
Date Assigned:	08/01/2014	Date of Injury:	11/21/2013
Decision Date:	10/20/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 with a reported date of injury on 11/21/2013. The mechanism of injury occurred while the injured worker was reaching inside a machine and the machine unexpectedly wedged the right hand and caused a partial amputation of the right index finger. The diagnoses included status post revision amputation of right index finger. The past treatments included pain medication, physical therapy, and surgery. There was no relevant diagnostic imaging noted in the records. The surgical history included right index finger amputation on 03/31/2014. The subjective complaints on 06/04 included right index finger pain 2/10 to 3/10 with numbness. The physical exam findings noted decreased range of motion to the right hand. The wound is well healed with minimal tenderness at the index finger site. The injured worker's medication included Motrin. The treatment plan was to continue physical therapy and order a drug screen. A request was received for toxicology unit x4. The rationale for the request was not provided. The Request for Authorization form was not provided with the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Unit X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Toxicology Unit X4 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend use of drug screening for issues of abuse, addiction, poor pain control or using a urine drug screen to assess for the use or the presence of illegal drugs. There was no evidence within the clinical notes that the patient has any issues with abuse, addiction or suspicions of illegal drug use. The patient is not noted to be prescribed any opioid pain medications currently. The only medication listed in the records was Motrin. The requesting physician's rationale for the request is not indicated within the documentation and it is not clear why four drug screens are necessary. As such, the request is not medically necessary.