

Case Number:	CM14-0115990		
Date Assigned:	08/04/2014	Date of Injury:	01/10/2012
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 62-year-old male who has submitted a claim for bilateral wrist pain, right carpometacarpal thumb joint pain and trigger finger at 4th digit of right hand, status post right carpal tunnel and trigger finger release (03/07/2014); associated with an industrial injury date of 01/10/2012. Medical records from 2012 to 2014 were reviewed and showed that patient complained of constant dull and aching pain, graded 5/10, in the 4th digit of the right hand. Pain is aggravated by prolonged absence of movement, and relieved by gentle movement of the right hand. Physical examination showed tenderness over the bilateral wrists, base of the left thumb, and CMC thumb joint of the right hand. There was difficulty extending the 4th digit of the right hand. Finkelstein test was positive on the left. Dequervain's syndrome was noted on the left. Tinel's test was positive at the wrists. Motor strength was 5-/5 in the upper and lower extremities. Sensation to pinprick was decreased in the bilateral wrists in the 3rd and 4th digits. Treatment to date has included medications, acupuncture, physical therapy, and surgery as stated above. Utilization review, dated 06/27/2014, denied the request for transfer of care for treatment because there was no indication of what specific treatment was being requested from pain management, and there was no documentation for the need of the expertise from pain management consultation; and denied the request for toxicology screening because there was no indication that the patient was being considered for controlled substance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care, for treatment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Guidelines also state that a referral request should specify the concerns to be addressed in the independent of expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. In this case, there were no reports of acute pain exacerbation, or pain not amenable to oral medications. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. There is no clear rationale for the requested service; Therefore, the request for Pain Management Consult is not medically necessary.

Toxicology Screening Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76, 90, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric co morbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient can be classified as 'low risk' due to absence of psychiatric co morbidity. The medical records submitted for review showed that urine drug screening has not been performed for the current year. Given that the patient is low risk for drug abuse. Therefore, the request for toxicology screening qty:1.00 is medically necessary.

