

<b>Case Number:</b>	CM14-0118562		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/02/2006
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of December 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; incision and drainage of a finger abscess; excision of an ulnar neuroma; excision of a tendon contracture release; unspecified amounts of occupational therapy; opioid therapy; medical marijuana; and psychotropic medications. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for two follow-up visits and denied a request for urine drug testing. The claims administrator based this denial for the office visits on ODG Guidelines and also denied urine drug testing on the grounds that the applicant had tested positive for marijuana in the past. The claims administrator stated that the follow-up visits should be denied on the grounds that the attending provider had refused to wean the applicant off of work of the opioids in question despite earlier unfavorable Utilization Review Reports. The claims administrator, thus, seemingly based these denials on the fact that the attending provider's treatment plan did not conform to previous Utilization Review Reports. The claims administrator did state that the applicant was off of work. The applicant's attorney subsequently appealed. On December 24, 2013, the applicant was described as having ongoing issues with depression and anxiety. The applicant was given prescriptions for Desyrel and Zoloft. On December 17, 2013, the applicant was described as having persistent complaints of 3/10 pain. Duragesic and Norco were endorsed. On April 17, 2014, the applicant was described as having persistent complaints of hand and finger pain. Norco was endorsed for ongoing pain management purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits x 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 268, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is apparently off of work, the claims administrator has suggested. The applicant has persistent hand and finger pain complaints following earlier surgery. The applicant is using a variety of analgesic and psychotropic medications. More frequent follow-up visits are indicated, particularly in light of the applicant's reported issues with concurrent usage of marijuana. Therefore, the request is medically necessary.

**Urine Drug Screen Test:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 397, testing for use of illicit drugs or steroids can be considered if the presentation is suggestive. In this case, the claims administrator has alluded to the applicant's has had several past positive urine drug screens for marijuana. More frequent drug testing, then, is indicated here. Therefore, the request is medically necessary.