

Case Number:	CM14-0180922		
Date Assigned:	11/05/2014	Date of Injury:	12/27/2013
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 New York. 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 38-year old female laborer with a date of injury of 12/27/2013. She was forcing a box open and injured her right thumb. On 03/20/2014 the x-ray of her hand was normal. On 04/03/2014 she had a right thumb trigger finger. She had 6 physical therapy visits. On 04/29/2014 her medication was Omeprazole, Nabumetone (Relafen) and Ibuprofen. She had right thumb A-1 pulley triggering. On 06/09/2014 a MRI of the right hand revealed minimal fluid at the flexor pollicis longus tendon sheath. On 06/03/2014 she was using a splint. On 08/04/2014 she was a surgical candidate for release surgery. On 09/05/2014 she had right thumb trigger release surgery. On 09/08/2014 a urine test was positive for opiates. On 09/15/2014 the area was healing nicely and there was no sign of infection. There was good motion. She was to start physical therapy. On 09/24/2014 and on 10/13/2014 she was taking Tramadol and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 - 96.

Decision rationale: MTUS notes that drug testing may be useful for patients taking opioids to assess for the use of illegal drugs. There was no documentation of illegal drug use. There was no documentation of any aberrant behavior to warrant a drug screen on 09/08/2014. This was three days after her surgery, when she would have the most post-operative pain, and this is the worst time to have a urine drug screen as the patient will be taking opiates for post-operative pain. The drug screen on 09/08/2014 was not medically necessary with MTUS guidelines.