MAXIMUS Federal Services

Case Number:	CM14-0181285		
Date Assigned:	11/06/2014	Date of Injury:	05/11/2014
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
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 Physical Medicine and Rehabilitation 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 an 18-year-old female who reported an injury on 05/11/2014. The mechanism of injury was amputation to her finger. She is diagnosed with traumatic amputation of the finger. Her past treatments include surgery and medications. Her diagnostic studies included an x-ray of her finger. On 08/11/2014, the injured worker had no complaints of pain. Upon physical examination, she was noted to have full extension of the proximal interphalangeal and distal interphalangeal joints, as well as the metacarpophalangeal joint. Her motor tone and sensation was intact. Her current medications were not provided. The treatment plan included for the injured worker to go back to work on 08/12/2014 to full duty without any restrictions and a followup appointment in 6 weeks. The request for a urine drug screen was submitted, however, the rationale was not provided. A Request for Authorization was not submitted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Criteria for Use Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines note that the use of urine drug screens is recommended as an option to assess for the presence of illegal drugs. The guidelines also recommend the use of drug screening to insure that the patient is compliant with their full medication regimen. The clinical documentation failed to provide a rationale as to why a urine drug screen was needed. Additionally, the clinical documentation lacked evidence of pain or need for pain medications. Furthermore, there was no documentation indicating the injured worker had evidence of a high risk of addiction or substance dependence. Given the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.