

Case Number:	CM14-0020030		
Date Assigned:	04/25/2014	Date of Injury:	01/16/2012
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 40-year-old male who reported an injury to his right hand on 01/16/12 while utilizing an electric table saw to cut pieces of plywood. The therapy note dated 01/20/14 indicated the injured worker completing eight physical therapy sessions to date. A clinical note dated 07/09/13 indicated the injured worker had a severe complex laceration to the right hand following the initial injury. A near traumatic amputation was identified at the right middle finger. The injured worker continued with significant ankylosis of the little finger. The injured worker continued with complaints of a contracture at the little finger. A clinical note dated 08/05/13 indicated the injured worker complaining of right handed pain, paresthesia, and a loss of motion at the hand along with minimal motion at the right little finger. Sensation was decreased throughout the right little finger and ring finger. The electrodiagnostic studies on 09/11/13 revealed evidence of a right ulnar neuropathy at the right wrist. A clinical note dated 12/19/13 indicated the injured worker showing range of motion deficits throughout the right wrist including 30 degrees of flexion and extension, 10 degrees of radial deviation, and 15 degrees of ulnar deviation. Numerous drug screens indicated the injured worker tested negative. The injured worker had previously been tested for alcohol, amphetamines, anticonvulsants, antidepressants, barbiturates, benzodiazepines, hallucinogens, cocaine, methadone, and marijuana and Tetrahydrocannabinol (THC) and other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREENING: IMMUNOASSAY NON-ANTIBODY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen.

Decision rationale: The clinical documentation indicates the injured worker complaining of right upper extremity pain secondary to an injury following a near amputation. The use of drug screens is indicated for individuals who demonstrate aberrant behavior or potential for misuse of prescribed medications. No information was submitted regarding potential for drug misuse or aberrant behavior. Previous urine drug screens resulted in injured worker demonstrating compliance with prescribed drug regimen. No findings were revealed confirming misuse of illegal substances. Given this, the request is certified.

DRUG SCREENING: ASSAY OF OPIATES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen.

Decision rationale: The clinical documentation indicates the injured worker complaining of right upper extremity pain secondary to an injury following a near amputation. The use of drug screens is indicated for individuals who demonstrate aberrant behavior or potential for misuse of prescribed medications. No information was submitted regarding potential for drug misuse or aberrant behavior. Previous urine drug screens resulted in injured worker demonstrating compliance with prescribed drug regimen. No findings were revealed confirming misuse of illegal substances. Given this, the request is certified.

DRUG SCREENING: SPECTROPHOTOMETRY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen.

Decision rationale: The clinical documentation indicates the injured worker complaining of right upper extremity pain secondary to an injury following a near amputation. The use of drug screens is indicated for individuals who demonstrate aberrant behavior or potential for misuse of prescribed medications. No information was submitted regarding potential for drug misuse or aberrant behavior. Previous urine drug screens resulted in injured worker demonstrating compliance with prescribed drug regimen. No findings were revealed confirming misuse of illegal substances. Given this, the request is certified.

DRUG SCREENING: ASSAY OF URINE CREATININE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: The clinical documentation indicates the injured worker complaining of right upper extremity pain secondary to an injury following a near amputation. The use of drug screens is indicated for individuals who demonstrate aberrant behavior or potential for misuse of prescribed medications. No information was submitted regarding potential for drug misuse or aberrant behavior. Previous urine drug screens resulted in injured worker demonstrating compliance with prescribed drug regimen. No findings were revealed confirming misuse of illegal substances. Given this, the request is certified.