

Case Number:	CM14-0028848		
Date Assigned:	06/16/2014	Date of Injury:	03/31/2013
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 50-year-old woman with a date of injury of 03/31/2013. Office visit notes by [REDACTED] dated 01/28/2014 and 02/25/2013 identified the mechanism of injury as a heavy automatically closing door striking the worker and cutting and breaking her right fifth finger. Office visit notes by [REDACTED] dated 01/28/2014, 02/25/2013, and 05/20/2014 indicated the worker was experiencing pain in the right shoulder, arm, and fifth finger. Documented examinations consistently described right finger mild swelling, redness, tenderness, and an increased response to pain; decreased right grip strength; and mild tenderness involving the right shoulder and inner elbow areas. X-rays done on 04/30/2013 were reported to show a broken right finger that was not fully in alignment. The submitted and reviewed documentation described the worker was suffering from a healing but broken right fifth finger, finger pain, right arm pain, and myofascial pain syndrome. Treatment had included TENS; acupuncture; physical therapy; a home exercise program; and anti-inflammatory medications given orally, through a nose spray, and through the skin. The submitted and reviewed documentation did not indicate the use of any controlled medications or that this type of treatment was being considered. A Utilization Review decision by [REDACTED] was rendered on 02/06/2014 recommending denial for a urinary drug screen performed on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE DRUG SCREEN(DATE OF SERVICE 01/28/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 76-80; Opioids, Steps to Avoid Misuse/Addiction, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screens before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. [REDACTED] visit notes dated 01/28/2014, 02/225/2014, and 05/20/2014 indicated the worker's pain management did not include the use of controlled medications. There was no mention of a possible future trial of such medication, and the note dated 05/20/2014 reported the worker specifically did not want to try any other medications than those being used at that time. [REDACTED] notes reported this test was requested in order "to monitor narcotics use, avoid diversion, and to identify substance abuse." However, these issues did not pertain to the worker. The MTUS Guidelines encourage pain management plans be individualized to meet the unique needs for each worker. There is no evidence in the literature to support the use of urinary drug screening for workers with pain who are not being treated with controlled medications and are not being considered for a trial of this treatment. In the absence of such evidence, the current request for a urinary drug screen is not medically necessary.