

Case Number:	CM14-0083815		
Date Assigned:	07/21/2014	Date of Injury:	08/02/2006
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/05/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 YO male with date of injury of 08/02/2006. The listed diagnoses per [REDACTED] are; right index finger pain, right hand pain. The patient complains of chronic increased right index finger pain with swelling of the finger and right hand pain with slight change in the intensity of pain. The patient states that the pain is better after taking Norco. On the visual analog scale the patient rates the pain level 3/10. He states that the pain interferes with his sleep. X-ray of the right hand reveals mild residual post fracture deformity in the proximal metaphysis of fifth metacarpal bone. The patient denies nausea, constipation or other medication side effects. The objective findings show there is decreased sensation in the right hand. There is decreased strength in right hand grip and decreased range of motion of the right hand and index finger due to pain. Deep tendon reflexes were +2 at bilateral biceps, triceps and brachioradialis. The utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits, #2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with chronic right index finger and right hand pain. The treater is requesting 2 follow up visits. The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days, whether in person or telephone. The utilization review modified the request to 1 follow up visit for weaning. In this case, the treater is requesting 2 followup visits and the request is reasonable. Recommendation is for authorization.

Urine Drug Screen Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with chronic right index finger and right hand pain. The treater is requesting urine drug screen test. While MTUS does not specifically address how frequent urine drug screen should be obtained for various risk opiate users, ODG Guidelines provide a clear guideline. For low risk opiate users, a yearly urine drug screen is recommended following initial screening within the first 6 months. The records show that the patient last urine drug screen was from 09/19/2013, which showed consistent results with prescribed medications. The patient is currently taking Norco for pain. In this case, a UDS is reasonable to monitor medication adherence since the patient is currently taking an opioid. Recommendation is for authorization.