

Case Number:	CM14-0092774		
Date Assigned:	07/25/2014	Date of Injury:	06/05/2013
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 a 46 year old female who was injured on 06/05/13 when she cut her left wrist with cutting shears while trimming grape vines. The injured worker is status post left wrist neuroma excision dated 12/02/13. The injured worker is diagnosed with upper extremity mononeuritis multiplex and complex regional pain syndrome of the upper limb. A magnetic resonance image of the left wrist dated 05/21/14 reveals a 3x6 cm proximal lunate cyst with surrounding bone marrow edema. Ulnar variance is neutral and the triangular fibrocartilage is intact. There is no evidence of osteoarthritis, fracture or osseous contusion. No ganglion cyst or ligamentous or tendinous abnormality is detected. The injured worker complains of left wrist pain which reportedly does not respond to over-the-counter nonsteroidal antiinflammatory medications. The injured worker participated in a consultation with a pain management specialist on 03/24/14. This report indicated the injured worker's medications had consisted of extra-strength Tylenol. The treatment plan in this report included prescriptions for Vicodin 5/500mg and Neurontin 300mg. Clinical note dated 06/10/14 notes the injured worker's medications also include Gabapentin and a local topical medication. It is noted the claimant has only minimal improvement of pain. A urine drug screen was performed on this date. Records indicate a request for a random urine drug screen was received for Utilization Review on 06/12/14. This request was denied by utilization review decision dated 06/16/14 citing no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications and a lack of documentation which indicates the injured worker has been prescribed opiates. This rationale notes the injured worker is only taking gabapentin and using topical medication. This is an appeal request for a multi drug class drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen multi drug class: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Criteria for Use of Opioids Page(s): 43; 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

Decision rationale: The records received by this reviewer does reveal evidence of opiates which have been prescribed for this injured worker. California Medical Treatment utilization Schedule Chronic Pain Medical Treatment Guidelines support the use of random urine toxicology screens as a step to avoid the misuse of opioids. Records do not indicate the injured worker is considered to be a "high" or "moderate" risk for addiction or misuse of prescription opioids. Official Disability Guidelines states individuals at "low risk" for addiction/aberrant behavior should be tested (via Urine Drug Testing) within six months of initiation of therapy and on a yearly basis thereafter. Records indicate the injured worker was initially prescribed Vicodin 5/500mg on 03/24/14. The request for a drug screen was received for review on 06/12/14. Based on the clinical information provided, the use of a multi drug class drug screen is established as medically necessary.