MAXIMUS Federal Services

Case Number:	CM14-0183957		
Date Assigned:	11/10/2014	Date of Injury:	04/03/2014
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 37 year old male with an injury date of04/03/14. Based on the 09/17/14 progress report, the patient complains of left finger pain that is frequent 8/10 with stabbing, throbbing pain, stiffness, heaviness and numbness. The patient is right hand dominant. Based on the09/09/14 progress report, the range of motion of left ring finger revealed flexion at 70 degrees and extension at 10 degrees. On 04/11/14, the patient had microsurgical repair of radial and ulnar digital nerve at the DIP joint and repair of flexor digitorum profundus of left ring finger. X-ray of left hand dated 08/15/14 showed unremarkable hand study and MRI of left hand dated 08/27/14 showed "probable callus formation versus possibly foreign body within the skin ventral to the fifth." The diagnosis is left finger 4th digit injury per 09/17/14 report. Omeprazole, Gabapentin, and Ibuprofen were prescribed and urinalysis performed on 09/17/14. Naproxen and Omeprazole was prescribed and urinalysis performed on 08/20/14. The patient is modified work status. The treating physician is requesting Urine Toxicology Screen. The utilization review determination being challenged is dated 10/06/14. The requesting provider provided treatment reports from 04/08/14-10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: This patient presents with pain of left ring finger. The request is for Urine Toxicology Screen. The utilization review letter dated 10/06/14 states "the patient has not received opioids since April 2014. Based on the patient's current medication regimen, a urinalysis is not medically necessary." MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." In this case, the review of the reports shows that the patient is not on any opiates to consider a UDS. The patient is on Omeprazole, Gabapentin and Naproxyn only. The provider does not explain why one was obtained. MTUS supports UDS for opiates monitoring. The request is not medically necessary.