

Case Number:	CM14-0188901		
Date Assigned:	11/19/2014	Date of Injury:	11/04/2010
Decision Date:	01/07/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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:

This is a 50-year-old male Psychiatric Nurse who while working slipped and fell and was repeatedly struck with a hard plastic food tray on 11/04/10. He is currently not working. Soft tissue neck, right shoulder, upper back area, soft tissue (head) right wrist and right hand have been accepted by the carrier. PRIOR SURGERY/PROCEDURES:-08/09/11 Right wrist triangular fibrocartilage complex repair-03/22/12 [REDACTED]; Right wrist wound exploration with neurolysis of dorsal sensory branch of ulnar nerve. His diagnosis is status post failed right wrist re-constructive surgical procedure. Right wrist ulnocarpal abutment syndrome, (Keloid scar). The surgical plan is for Right total wrist fusion in conjunction with an ulnar shortening procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain supports urine drug screens Page(s): 156.

Decision rationale: This patient has chronic pain and is on MS Contin. This patient had a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. (page 156) Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. According to the ACOEM guidelines, "Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed 'for cause' (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewal, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications). Standard urine drug/toxicology screening processes should be followed." The ACOEM guidelines allow for random testing up to four times per year. This request is medically necessary.

Associated surgical service: Standard pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Routine Preoperative Laboratory and Diagnostic Screening, Thelma Z. Korpman, MD, MBA, www.csahq.org/pdf/bulletin/preop_61_2.pdf, The Role of Testing in Preoperative Evaluation, David Hepner, MD, Brigham and Women's Hospital, Department of Anesthesiology, Perioperative and Pain Medicine, Guidelines on Perioperative Cardiovascular Evaluation for Noncardiac Surgery Association Task Force on Practice Guidelines, *Circulation* 2007;116:e418-e500; originally published online September 27, 2007, <http://www.guideline>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing

Decision rationale: The ODG-TWC last updated 05/10/2013 states that pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their pre-operative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of post-operative pulmonary complications if the results would change peri-operative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. The patient has no

comorbidities of note in the records presented. There is no standard pre-operative screening necessary in an otherwise healthy patient undergoing wrist fusion surgery. The request is not medically necessary.