Case Number:	CM15-0147800		
Date Assigned:	08/10/2015	Date of Injury:	01/04/2014
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female with an industrial injury dated 01-04-2014. Her diagnosis was trigger finger. Prior treatment included tendon sheath injection. She presents on 06-03-2015 with complaints of pain in the left hand with intermittent locking of the left hand. She denies any significant tingling or numbness. Left upper extremity revealed mild to moderate tenderness volar base left middle and ring fingers, supple wrist and digital motion, intact motor, sensory and vascular function and minimal crepitation volar base left middle finger. Treatment request is for random urine drug screen (collected in our office).

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen (collected in our office): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for left finger pain due to second through fourth trigger fingers. When seen, she was having intermittent locking. There was mild to moderate tenderness with minimal crepitation. Case notes reference prior urine drug screening in March 2015. Urine drug testing when opioids are being continued is recommended when there are issues of abuse, addiction, or poor pain control. In this case, the claimant was not receiving opioid medication and no planned opioid medication use is referenced. No aberrant prior urine drug test result is documented. The request was not medically necessary.