MAXIMUS Federal Services

Case Number:	CM15-0021239		
Date Assigned:	02/10/2015	Date of Injury:	11/13/2012
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: California
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 25 year old female who sustained a work related injury November 13, 2012. While working in a plant, her left hand was caught in a chopping machine. She underwent surgery to repair the left hand with post-op physical therapy, antibiotic treatment and pain medications. Surgery is documented as; open treatment of metacarpal fracture of fourth and fifth digit, open treatment of proximal phalanx fracture left small finger and repair of metacarpophalangeal joint capsule left hand November 13, 2012. According to a primary treating physician's progress report dated November 25, 2014, the injured worker presents with complaints of her hand getting tired, shaking and her left shoulder is aching. A urine sample was taken during this visit to document the appropriate use of medication and compliance. Physical examination reveals she is able to make a fist, has decent strength, and able to lift up to 20 pounds at home with her left hand. The right hand is normal. Recommendations include continue to work full duty, request medications and an MRI of the left shoulder to rule out internal derangement.According to utilization review dated January 20, 2015, the request for Urine Drug Testing is non-certified, citing Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen section Page(s): 76-79 and 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. The notes indicate that the patient is taking non-opioid medications gabapentin and cyclobenzaprine. The patient was noted to have had urine drug screen within 3 months of the current request which indicated compliance to medications. Furthermore, the provider does not identify this patient to be high risk for aberrant behaviors. Therefore, this request is not medically necessary.