

Case Number:	CM15-0056475		
Date Assigned:	04/01/2015	Date of Injury:	04/03/2014
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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

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 37 year old male injured worker suffered an industrial injury on 04/03/2014. The diagnoses included left cervical radiculopathy and tendon laceration. The diagnostics included cardio-respiratory diagnostic testing and nerve conduction velocity studies. The injured worker had been treated with medications, physical therapy and left ring finger surgery. On 2/13/2015 and 2/17/2015, the treating provider reported activity dependent left hand pain with his left ring finger feeling really cold and decreased sensation. The range of motion to the left hand was painful. The treatment plan included Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient presents on 02/25/15 with pain in the left 4th finger rated 2/10 with a stabbing/throbbing/stiff quality, exacerbated by lifting or prolonged gripping. The patient's date of injury is 04/13/14. Patient is status post unspecified surgery to the left 4th finger at a date unknown. The request is for URINE DRUG SCREEN. The RFA was not provided. Physical examination dated 02/25/15 reveals deep tendon reflexes 2+/4 to the unspecified upper extremities. No other physical findings are included. The patient is currently prescribed Naproxen, Gabapentin, and Protonix. Diagnostic imaging pertinent to the request was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." In regard to the request for a urine drug screen, the treater has not provided a reason for the request. Progress note dated 02/25/15 indicates that this patient underwent a urine toxicology screening on 01/21/15, though the results are not discussed and specifies another UDS to be performed point of care. However, there is no documentation that this patient is prescribed opioids or that the treater intends on prescribing opioids in the future. Urine drug screens are typically collected prior to opioid initiation or used to ensure patient compliance with narcotic medications. In patients who are not taking narcotics, a compliance screen is not required. Furthermore, without documentation of aberrant behaviors or previously inconsistent results, such frequent testing is excessive. Therefore, the request IS NOT medically necessary.