

Case Number:	CM15-0086312		
Date Assigned:	06/11/2015	Date of Injury:	01/10/2014
Decision Date:	07/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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 injured worker is a 45 year old male, who sustained an industrial injury on 1/10/2014, while employed as a packer, attributed to repetitive use. The injured worker was diagnosed as having left thumb metacarpophalangeal degenerative joint disease and left trigger thumb. Treatment to date has included diagnostics, medications, splinting, and referral for physical therapy. On 3/23/2015, the injured worker complained of bilateral thumb pain, occasional tingling in both thumbs alternatively, and difficulty bending his thumbs due to pain. He was currently not working. Medications included Naproxen, Metformin, Insulin, and Aspirin. He was alert and oriented and judgment, mood, and affect were appropriate. No aberrant behaviors were described. He was given topical anti-inflammatory cream. Urine toxicology was performed and did not show any tested analytes.

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 Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Based on the 3/24/15 progress report provided by the treating physician, this patient presents with bilateral thumb pain present all the time and increasing with use of hands/thumbs, and occasional tingling of bilateral thumbs. The treater has asked for Urine Drug Screen but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is currently using an unspecified topical NSAID cream and TeePee brace per 4/22/15 report. The patient is s/p one week of physical therapy for his hands, and in the past has used Naproxen, Metformin, and aspirin per 3/24/15 report. The patient does not have any history of surgeries to the hands per 3/24/14 report. X-ray of the left thumb (original report not included in documentation) showed mild degenerative changes and no acute injury per 3/24/15 report. The patient is able to work without restrictions as of 3/24/15, and has not worked since 1/10/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The reason for the request is not provided. As of 3/24/15, the patient is taking a topical NSAID. The patient had a urine drug screen administered on 3/24/15 that showed negative to all drugs tested. The utilization review letter dated 4/22/15 denies the request for urine drug screen as there currently and previously is no evidence noted of aberrant behavior and the medical record for this patient documents that the patient is not currently prescribed a higher dose of controlled medication. In this case, the patient is not on opiates and the treater does not explain why UDS is needed. UDS's needed for opiate management but not for other non-opiate medications. The request is not medically necessary.