

Case Number:	CM14-0145434		
Date Assigned:	09/12/2014	Date of Injury:	03/05/2012
Decision Date:	10/27/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 51 year old man with a work-related injury dated 3/5/12 resulting in chronic hand and wrist pain. The patient was evaluated by the primary treating orthopedics on 7/18/14. At this visit the patient complains of numbness and tingling in the first 3 digits of the left hand with continued pain 6/10. Physical exam shows a well healed surgical scar over the dorsal aspect of the wrist. There was tenderness to palpation over the medial carpal bones and hypothenar eminence. The diagnosis includes tenosynovitis of the wrist and left hand, status post carpal tunnel release, injury to the median nerve and carpal tunnel syndrome. The plan of care included continuation of medications including Ibuprofen, Omeprazole, and Voltaren gel topically and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One POC (point of contact) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction and criteria for the use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the injured worker is not documented as being treated with opioid analgesic medications. The urine drug screen is not medically necessary.