

Case Number:	CM15-0123957		
Date Assigned:	07/08/2015	Date of Injury:	12/06/2010
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 12/06/2010. She has reported injury to the bilateral hand/wrist. The diagnoses have included bilateral trigger thumb, status post release; bilateral thumb pain, status post trigger release, on 04/01/2011; left distal radio-ulnar arthritis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, home exercise program, and surgical intervention. Medications have included Norco, Lyrica, and Naproxen. A progress report from the treating physician, dated 05/08/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent bilateral wrist pain increased to the left today; pain severity today is rated at 7/10 on the pain scale; her pain is described as deep and aching radiating into her left thumb; she is having more pain into the hand at night; her Norco was decreased when she picked it up from the pharmacy; the pain medication does help her increase her activity level and help her sleep at night; Lyrica is also reducing her symptoms a bit; and she continues to have periodic Toradol when she feels she is n more pain. Objective findings included tenderness noted to the right carpometacarpal and metacarpophalangeal joint; mild swelling noted to the thumb; tenderness also to the left metacarpophalangeal joint; Tinel's and Phalen's sign both questionable; and minimal swelling noted to the bilateral hands. The treatment plan has included the request for urine drug screen random up to 4 over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Random up to 4 over a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS recommends urine drug testing as an option to assess for the presence of illegal drugs. In this case, medical records from 5/23/2015 do not reveal any signs of drug dependency or concerns for abuse/misuse to warrant drug testing on the requested quarterly basis. Previous urine drug testing results do not support the request. In addition, the patient is not taking significant amounts of narcotics and in fact has been advised to discontinue narcotics. Therefore, urine drug testing is no longer medically necessary.