

Case Number:	CM15-0128942		
Date Assigned:	07/15/2015	Date of Injury:	10/23/2013
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

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 40 year old female who sustained an industrial injury on 10/23/2013. The injured worker was diagnosed with right hand/wrist overuse syndrome, right wrist tenosynovitis and flexor tenosynovitis with triggering of right middle finger. Treatment to date has included diagnostic testing, physical therapy, acupuncture therapy, multi-stimulation unit, cortisone injections, activity restrictions, bracing, home exercise program and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience right hand/wrist pain and cramping. The injured worker rates her pain level at 5-6/10. Examination demonstrated tenderness to palpation over the flexor tendon of the right middle finger with palpable click noted. Right wrist range of motion was documented flexion and extension at 60 degrees, radial deviation at 20 degrees and ulnar deviation at 30 degrees. The right elbow noted pronation and supination at 80 degrees each. Current medications were not documented. Treatment plan consists of surgical intervention of the right middle finger, home exercise program and the current request for a urine drug screening.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant sustained a work injury in October 2000 and continues to be treated for right wrist and hand pain. When seen, pain was rated at 5-6/10. She was having locking and cramping of the right third finger. Physical examination findings included right third finger tenderness and clicking with range of motion. Norco 10/325 mg #60 PRN had been prescribed in March 2015 but does not appear to be an ongoing active medication. Criteria of the use of opioids address the role of urine drug screening. In this case, the claimant had been prescribed Norco more than two months before this request. There were no identified issues of abuse or addiction or prior risk assessment. Urine drug screening is not medically necessary.