

Case Number:	CM15-0065377		
Date Assigned:	04/13/2015	Date of Injury:	07/17/2014
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania
 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:

This 44 year old man sustained an industrial injury on 7/17/2014. The mechanism of injury is not detailed. Diagnoses include right hand pain, neuropathy, and medication induced gastritis. Treatment has included oral medications, surgical intervention, and hand therapy. Physician notes dated 1/19/2015 show complaints of right hand pain rated 6-7/10. Recommendations include electromyogram/nerve conduction studies, continue physical therapy, refill Gabapentin and Voltaren gel, discontinue Ibuprofen, start Naproxen, continue omeprazole, urine drug screen, and follow up in four weeks.

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.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option for detecting the use or presence of illegal drugs and to assess for aberrant use of opioid medication. This worker is not on an opioid or any other medication that would require monitoring by urine drug testing. There is also no indication in the record of any behaviors, signs, or symptoms that suggest the use of illegal drugs. Therefore, this request is not medically necessary.