

<b>Case Number:</b>	CM13-0032011		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Pulmonary Disease and is licensed to practice in California. 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 33-year-old female who reported an injury on 06/24/2010. The mechanism of injury was not provided in the medical records. The 05/02/2013 clinic noted reported a complaint of neck, right shoulder, and right wrist pain. The note stated the injured worker is status post right wrist surgery. On examination, she had tenderness to the right shoulder bicep with 175 degree forward flexion and internal rotation with scarecrow position at 45 degrees. Examination of the right hand and wrist revealed positive Tinel's sign and Phalen's sign with increased pain upon radial deviation. The note stated the 4/17/2013 MRI revealed a negative study. The note indicated she was prescribed Tylenol No. 3 twice a day as needed. The 06/13/2013 clinic note reported complaints of pain to the right wrist, right elbow, right shoulder, and cervical spine. On examination of the right upper extremity, she had positive handshake test with increased pain in the lateral epicondyle region with palpation and right wrist extension against resistance. Examination of the right hand and wrist revealed tenderness in the scaphoid region and first dorsal compartment with weakness. Her 05/24/2013 electromyography study was negative. The note reported the injured worker had a sufficient amount of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DRUG SCREEN DOS: 8/15/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

**Decision rationale:** The California Chronic Pain Medical Treatment Guideline recommends the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The 05/02/2013 indicated the injured worker was prescribed Tylenol No. 3 as needed and the following appointment on 06/13/2013 indicated the injured worker had a sufficient amount of medication. The documentation did not provide evidence of extended duration, issues of abuse, addiction, or poor pain control. As such, the documentation does not support the need for a drug screen. Given the above, the request is non-certified.