

<b>Case Number:</b>	CM13-0072741		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	05/22/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational Medicine 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 patient is a 52-year-old female who has submitted a claim for complex regional pain syndrome of the right hand, forearm, and wrist, incision and drainage of right carpal tunnel, incision status post carpal tunnel release and left third trigger finger release associated with an industrial injury date of May 22, 2006. Medical records from 2013 were reviewed showing incomplete information regarding the clinical history of the patient. As cited from the previous utilization review dated December 23, 2013, the patient experiences significant discomfort and pain secondary to her complex regional pain syndrome. There increasing pain in the right hand, arm and shoulder. In addition, she was becoming more depressed over her pain and was not sleeping well at night. She was having difficulty grasping any object with her right hand. Physical examination showed skin lesions that are extremely painful. There is allodynia in the right upper extremity with visual discoloration and skin changes. Temperature on the right upper extremity is cold to touch as compared to the left. There is limited range of motion of the right hand. There is no atrophy noted. Treatment to date has included medications, cognitive behavioral therapy, and hand surgery. Utilization review dated December 23, 2013 denied the request for urine drug screen because there is no documentation of provider concerns over the patient's use of illicit drugs or non-compliance with prescription medications.

### 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 DRUG TESTING Page(s): 43.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in the California MTUS/ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, it is not clear what medications the patient is currently taking. The medication treatment history is unclear based on the documents submitted. Moreover, there have been no discussions in the previous notes about risk factors that may predispose her to aberrant behavior that will necessitate drug monitoring. There is no documentation concerning patient's use of illicit drugs or non-compliance with prescription medications. Therefore, the request for urine drug screen is not medically necessary and appropriate.