

<b>Case Number:</b>	CM14-0102011		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old male who has submitted a claim for De Quervain tenosynovitis on the left wrist, mild left carpal tunnel, and left lateral epicondylitis; associated with an industrial injury date of 01/05/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of intermittent left wrist pain with increased activities. Physical examination showed tenderness over the lateral epicondyle, and over the radial styloid and flexor surface of the left wrist. Range of motion was within normal limits with pain. Finkelstein test was positive over the median nerve of the wrist. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated 06/10/2014, denied the retrospective request for urine drug screening because there was no data that the patient has been on narcotic medications or that screening was needed to monitor medication compliance or screen for aberrant behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Urine Drug Screen DOS 05/19/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests), Opioids, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 12/13/2014, 02/10/2014, and 5/19/2014, which exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Furthermore, there was no discussion regarding physician concerns over addiction or aberrant drug intake to warrant additional urine drug screening. Therefore, the request for retro urine drug screen dos 05/19/14 is not medically necessary.