

Case Number:	CM14-0010701		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2013
Decision Date:	10/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/27/13 when, while working as a store manager, he developed shooting pains in his wrists and hands as he was working in a kitchen. He continued to work and reported the injury on 03/26/13. Treatments included physical therapy three times per week for three weeks. He was subsequently released from work. He has ongoing bilateral wrist and hand pain. EMG/NCS testing on 04/17/13 showed findings of moderate right and mild left carpal tunnel syndrome. On 05/01/13 the claimant was seen for an orthopedic evaluation. His history of injury was reviewed. He was having constant bilateral wrist pain radiating to the hands rated at 5/10. He had also developed anxiety, depression, insomnia, and headaches. Medications were omeprazole and Advil. Physical examination findings included decreased cervical spine range of motion with positive Tinel's and Phalen's signs and decreased wrist range of motion with wrist tenderness. There was decreased grip strength and sensation. Bilateral wrist injections were performed. Authorization for EMG/NCS testing and physical therapy were requested. Anaprox, Prilosec, and Zanaflex were prescribed. Repeat EMG/NCS testing on 05/17/13 showed findings of moderate to severe carpal tunnel syndrome. On 08/07/13 a right carpal tunnel injection was performed. He was to continue receiving physical therapy treatments. Urine drug screening was performed. An MRI scan of the right wrist on 08/27/13 and of the left wrist on 09/01/13 showed findings of chronic flexor tenosynovitis. On 09/04/13 pain was rated at 7/10. Imaging results were reviewed. Authorization for surgery was requested. He was continued at temporary total disability. On 10/02/13 Ultram, Zanaflex, and Prilosec were refilled. Urine drug screening on 10/22/13 was positive for Tramadol. On 10/30/13 he was having ongoing symptoms of numbness, tingling, and burning. He was having difficulty sleeping. A wrist support was provided. Zanaflex was prescribed. On 11/27/13 he was having

ongoing symptoms. Authorization for a right carpal tunnel release was requested. He continued on temporary total disability. He was seen by the requesting provider on 12/31/13. He was having neck and bilateral shoulder pain rated at 6/10. Medications were helping with pain. On 01/16/14, physical examination findings included positive Tinel's and Phalen's signs with volar wrist tenderness. Authorization for acupuncture, chiropractic care, and pain management and orthopedic evaluations was requested. Topical creams were prescribed and urine drug testing was ordered. There was consideration of a Functional Capacity Evaluation.

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): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-78.

Decision rationale: The claimant is more than 1 year's status post work-related injury and continues to be treated for bilateral carpal tunnel syndrome. Medications referenced include tramadol with urine drug screening in October 2013 consistent with the medications being prescribed at that time. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination or identified urine drug tests results that would be inconsistent with the claimant's prescribed medications. Although there is no documentation of risk stratification, the claimant would appear to be at low risk and expected results were found on testing done in October 2013. Therefore this request for urine drug screening was not medically necessary.