

Case Number:	CM14-0134906		
Date Assigned:	08/27/2014	Date of Injury:	07/28/2010
Decision Date:	11/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 injured worker is a 56-year-old female who sustained work-related injuries on July 28, 2010. On February 14, 2014, she was started on post-operative Percocet. She then underwent a urine drug screening collected on March 7, 2014 and results revealed that she was positive for opiates, oxycodone, and marijuana. Per most recent progress notes dated August 4, 2014, the injured worker returned to her provider for post operative follow for hand surgery as well as right hand numbness and tingling sensation. She continued to use pain medication, has modified activity, therapy has been provided, and was utilizing a brace. Quality of pain was described as constant, aching, sharp, and dull. She reported that her pain was moderate to severe which affected her significantly. Pain was aggravated by the use of hand. She also reported weakness, numbness, and popping sensations. Her chronic pain also affected her emotionally. Magnetic resonance imaging scan performed on May 1, 2013 revealed: (a) status post trapezoidectomy, (b) low signal intensity material in triscaphe joint may represent fibrosis (Girdlestone arthroplasty) or Silastic prosthesis; (c) postoperative changes at the base of the first metacarpal; and (d) no marrow edema, joint effusion or soft tissue swelling. Electromyogram/nerve conduction velocity studies of the right upper extremities performed on December 18, 2012 revealed that the findings are compatible with clinical diagnosis of right carpal tunnel syndrome with slight severity. Electromyogram/nerve conduction velocity studies performed in July 31, 2012 revealed (a) severe grade carpal tunnel syndrome with electric evidence of dying-back phenomenon and (b) cubital tunnel syndrome with nerve conduction velocity reduction over the trans-elbow segment of 30% and with compound muscle action potential amplitude diminution above the sulcus stimulation site of 90%. She is diagnosed with (a) arthritis hand, status post bilateral trapeziectomy, bilateral; (b) carpal tunnel syndrome, status post bilateral endoscopic carpal tunnel release, bilateral; (c) cubital tunnel syndrome, bilateral; (d) epicondylitis lateral, right; (e)

DeQuervain's syndrome, right; (f) Impingement syndrome, right; and (g) injury to cutaneous sensory nerve, dorsal radial sensory cutaneous nerve, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Chronic pain - Table 2, Summary of Recommendations, Chronic pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, specific drug list Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring and Urine Drug Testing (UDT)

Decision rationale: Review of this injured worker's medical records, the closest records dated August 4, 2014 indicates that the plan for the injured worker is to undergo a urine drug screen with code G0431. There must a misunderstanding between forms or request provided. In light of the requested urine drug screening and based on the Official Disability Guidelines (2013), an injured worker needs to stratified or classified if he or she is at high risk, moderate risk or low risk for potential misuse, abuse, or addiction with opioid usage. In this case, the injured worker is noted to be utilizing opioids since she underwent hand surgery prior to her office visit on February 10, 2014 and had only one urine drug screening collected on March 7, 2014 which revealed consistent results with prescribed medications. However, her opioids have been changed from Percocet to Vicodin and back to Percocet. This may mean that injured worker's pain responds differently to the opioid medications that she has been receiving and other opioids are not effective in managing or stabilizing her pain levels. This information is quite perplexing however her compliance with her medication regimen needs to be clarified. Based on this clinical presentation, the injured worker can be classified under moderate risk for opioid addiction/aberrant behavior. With the said classification, the referenced evidence-based guideline indicate that with the said clinical presentation these patients are recommended for point-of-contact screening two to three times per year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success. Moreover, the Chronic Pain Medical Treatment Guidelines indicates that one of the steps in order to avoid misuse/addiction the use of frequent urine toxicology screens. Based on these reasons, the medical necessity of the requested urine drug screening is established. The utilization review physician reviewer indicated that there is no indication for urinalysis to look for protein, sugar or blood in the urine. However, based on the medical records dated August 4, 2014, the plan/request is a urine drug screen.