

<b>Case Number:</b>	CM14-0178981		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/05/2001
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Interventional Spine, 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 58-year-old female with a date of injury of 01/05/2001. The listed diagnoses per [REDACTED] are: 1. De Quervain's left hand. 2. Arthropathy, hand. According to progress report 09/02/2014, subjective complaint section notes "EMG/NCV repetitive." Objective findings section notes "+Finkelstein's test." Treatment plan requests thumb splint and Tramadol 150 mg. Report 07/15/2014 indicates the patient has bilateral wrist and hand pain and history of carpal tunnel surgery from 2003. Examination revealed positive Finkelstein's test and decreased sensation along the 2nd and 3rd fingers. This is a request for urine toxicology screen. Utilization review denied the request on 09/23/2014. Treatment request from 04/08/2014 through 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Procedure Summary, Pain, Urine Drug Testing (UDT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

**Decision rationale:** This patient presents with left thumb pain. This is a request for urine toxicology screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient's medication regimen includes Tramadol, a synthetic opiate requiring opiate management. Review of the medical file indicates the patient was administered a urine drug screen on 5/6/14 and no other recent ones. ODG states once a year screening should be sufficient in low-risk patients but it should be done on a random basis. The requested UDS appears medically necessary for proper management of the patient's opiate use. Therefore, this request is medically necessary.