

Case Number:	CM14-0037843		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2006
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/31/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 58 year old female who had sustained an industrial injury on 11/21/2006. The mechanism of injury was repetitive injury due to continuous typing as well as filing with onset of pain in her right wrist, forearm and elbow. MRI of cervical spine in 2008 showed straightening of normal cervical lordosis and 1-2 mm posterior disc bulges at C3 to T1 without evidence of canal stenosis or neural foraminal narrowing. Her prior treatment included stellate ganglion blocks and her medications included Prilosec, Lidocaine patch and Gabapentin. Her diagnoses included de Quervain's tenosynovitis with dynamic carpal tunnel syndrome and complex regional pain syndrome of right upper extremity. The consultation report dated 02/25/14 from Pain Management consultant noted needle sticking pain in her right hand, shoulder pain and numbness along with tingling to her fingers. Pain was also reported in her left wrist. Social history was negative for smoking, alcohol intake or illicit drug abuse. Pertinent objective findings include tenderness to palpation over the paravertebral musculature of cervical spine and left trapezius muscle. She was also noted to have swelling over right hand compared to left along with moderate hypersensitivity and allodynia in the right upper extremity. There was also decreased painful range of motion of the right elbow and right wrist. The diagnoses were right upper extremity complex regional pain syndrome, bilateral de Quervain's tenosynovitis and bilateral carpal tunnel syndrome. The plan of care included stellate ganglion block and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, and Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77 -78.

Decision rationale: The employee was being treated for wrist, elbow and shoulder pain due to right upper extremity complex regional pain syndrome, bilateral de Quervain's tenosynovitis and bilateral carpal tunnel syndrome. Her current medications included Prilosec, Gabapentin and Lidoderm patches. Her social history was unremarkable for substance abuse. The request was for urine toxicology screening. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Therefore, the request for a urine toxicology screening is not medically necessary and appropriate.