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| <b>Case Number:</b>   | CM14-0064248 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 01/14/2011 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 Family 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:

This is a 46-year-old male who reported an industrial injury on 1/14/2011, 32 months ago, attributed to the performance of his usual and customary job tasks. The patient is diagnosed with right index finger joint infection; bilateral carpal tunnel syndrome; and aseptic necrosis of bone. The patient complains of post right Carpal Tunnel Release (CTR) pain. The objective findings on examination included a well healed incision line; neurovascular intact; positive Tinel's sign left. The treatment plan included physical therapy; corticosteroid injection and prescribed medications. The patient was noted to of had a prior NCV of the right hand; right index finger surgery on 2/22/2011; right wrist surgery CTR 4/18/2011 with postoperative rehabilitation therapy. The patient was provided with a urine toxicology screen on 1/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for UA Toxicology Screen performed 1/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screen Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), On-Line Edition, <http://www.odg-twc.com/odgtwc/pain.htm>, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Drug testing, Screening for addiction, Urine drug testing.

**Decision rationale:** A urine toxicology screen was performed without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse, which would require evaluation with a urine toxicology or drug screen.