

<b>Case Number:</b>	CM14-0071825		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 workers is a 50-year-old female with a 6/25/13 date of injury. At the time (3/4/14) of request for authorization for drug screening, there is documentation of subjective (right hand and wrist pain radiating to the forearm and into the arm and shoulder) and objective (tenderness to palpation along the dorsal and palmar aspect of the right hand extending into the wrist region, decreased active and passive motion of the right wrist, tenderness to palpation along the distal aspect of the right forearm extending proximally to the lateral epicondyles, and positive Mill's and Cozen's tests of the right elbow) findings, current diagnoses (right hand tendinitis, lateral epicondylitis, right hand/wrist sprain/strain, possible osteonecrosis of the right capitates and lunate, and possible osteonecrosis/osteoarthritis of the first and second as well as middle and distal phalanx of the right hand and wrist), and treatment to date (medications (Naproxen and topical creams), chiropractic therapy, PT, acupuncture, and right wrist brace). There is no documentation of abuse, addiction, or poor pain control in a patient under on-going opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of right hand tendinitis, lateral epicondylitis, right hand/wrist sprain/strain, possible osteonecrosis of the right capitate and lunate, and possible osteonecrosis/osteoarthritis of the first and second as well as middle and distal phalanx of the right hand and wrist. However, there is no documentation of abuse, addiction, or poor pain control in a patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for drug screening is not medically necessary.