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| <b>Case Number:</b>   | CM14-0097263 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 02/24/1998 |
| <b>Decision Date:</b> | 11/12/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 Illinois. 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 49 year old female who states that while working as a service deli clerk, she had continuous trauma to her neck, right shoulder, right hand, and right wrist with a date of injury on 2/24/1998. She was treated with medications, physical therapy, and surgery and placed on temporary total disability. She had resolution of her symptoms and returned to work. In 2012, she felt a recurrence of right hand and wrist pain with shooting pains up to her elbow. She has not sought specific care for this recurrence. The exam is noted for tenderness over the right lateral epicondyle, triangular fibrocartilage complex and carpometacarpal. The magnetic resonance imaging of the right wrist shows a tear of the triangular fibrocartilage complex. Her diagnoses are right lateral epicondylitis, right De Quervain's tenosynovitis, right carpal tunnel syndrome, right carpometacarpal arthrosis, and triangular fibrocartilage complex tear. She has been prescribed Proteolin and Anaprox and a thumb spica brace. She has also been prescribed diclofenac and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT)

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, the following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. This worker has not been prescribed any opioids. There is no documentation to suggest she is at high risk of abuse of opioids, has abused opioids in the past, or is receiving prescriptions from other providers. The purpose of a urine drug screen is to monitor adherence to a prescription drug regimen, yet none of the drugs this worker has been prescribed have been tested for. The request is not medically necessary.