

<b>Case Number:</b>	CM14-0099774		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 has 5-7/10 pain, weakness, and numbness of bilateral upper extremities (neck, upper back, wrists, and elbows). She has been through bilateral carpal tunnel release, bilateral ulnar nerve release, right medial epicondylectomy, and revision of ulnar nerve neurolysis. Physical therapy has a 4% maximum medical improvement impairment rating, with continued pain. An electromyogram and nerve conduction velocity test of upper extremities was negative. She is on Neurontin, Vicodin, and ibuprofen. She rates her pain as 7-8/10 without medication and 5-6/10 with medication. She is under complex pain management and states that she is unable to perform activities of daily living without her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screen once each Quarter (4 times year):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screen (UDT).

**Decision rationale:** Per the ODG guidelines, urine drug screening is medically necessary as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The frequency of urine drug testing may be dictated by state and local laws, but in this case, given that the injured worker is on a smaller number and dose of opioid medications, a twice yearly random drug screen is appropriate to check for compliance with prescribed medications given her persistent, refractory pain. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing physician should also pay close attention to information provided by family members, other providers and pharmacy personnel. Therefore, the random urine drug screen once each quarter is considered medically necessary. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws, but in this case, given that the worker is on a smaller number and dose of opioid medications, a twice yearly random drug screen is appropriate to check for compliance with prescribed medications given her persistent, refractory pain. Therefore, the random urine drug screen once each quarter is medically necessary.