

<b>Case Number:</b>	CM14-0189788		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/20/13 when, while working as a tire service mechanic, he sustained a significant right forearm injury including an open fracture when a tire exploded. He developed acute compartment syndrome and carpal tunnel syndrome requiring surgery. He was seen on 05/20/14. He was noted to be right-hand dominant. He was having ongoing pain. Physical examination findings included forearm tenderness with decreased grip strength and abnormal sensation. There was consideration of a stellate ganglion block. He was seen by the requesting provider on 06/12/14. He was having right upper extremity pain rated at 4-9/10. He had symptoms of numbness and hypersensitivity. Medications had included gabapentin and Percocet. Medications are referenced as decreasing pain by 50%. Physical examination findings included right upper extremity hypersensitivity with lower temperature compared with the left upper extremity. Gabapentin 400 mg #270 and Percocet 10/325 mg #90 were refilled. Urine drug screening was performed and was consistent with prescribed medications. On 07/10/14 he had worsening symptoms after stopping therapy. Pain was rated at 4-9/10. He was continuing to take gabapentin and Percocet. Prior urine drug screening test results were reviewed. On 09/02/14 pain was rated at 9/10. He had increased his dose of Percocet and was now taking this 3-4 times per day. Medications were refilled and urine drug screening was performed. Results were consistent with prescribed medications. On 10/28/14 pain was rated at 4-7/10. He was continuing to take medications without side effects. Medications were decreasing pain by 50%. Physical examination findings appear unchanged. Prior urine drug screening test results were reviewed. Medications were refilled.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-78.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for right upper extremity CRPS. Medications include opioids. Prior urine drug screening tests have been consistent with the claimant's prescribed medications. Per guidelines, criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.