

Case Number:	CM14-0027530		
Date Assigned:	08/13/2014	Date of Injury:	10/12/2012
Decision Date:	02/11/2015	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 57-year-old woman with a date of injury of 10/12/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/13/2013, 12/11/2013, and 01/15/2014 indicated the worker was experiencing left wrist pain with weakness, numbness, and tingling that went into the hand and fingers; mid-back pain; and lower back pain with spasms that went into the left leg with associated numbness, tingling, and weakness. Documented examinations consistently described tenderness in the left hand and wrist, decreased left wrist joint motion, positive Tinel's and Phalen's signs involving the left wrist, decreased sensation following the path of the median nerve, tenderness in the mid- and lower back with associated lower back trigger points, decreased motion in the lower back joints, and leg weakness. The submitted and reviewed documentation concluded the worker was suffering from left wrist sprain, strain/sprain of the thoracolumbar regions, and lumbar radiculopathy. Treatment recommendations included oral and topical pain medications, urinary drug screen testing, and follow up care. Urinary drug screen testing reports dated 11/13/2013 and 12/11/2013 indicated that none of the tested chemicals were present in the worker's urine. A Utilization Review decision was rendered on 02/25/2014 recommending non-certification for urinary drug screen testing with confirmatory qualitative chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing left wrist pain with weakness, numbness, and tingling that went into the hand and fingers; mid-back pain; and lower back pain with spasms that went into the left leg with associated numbness, tingling, and weakness. Treatment recommendations included the use of three restricted medications (two containing cyclobenzaprine), including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. Further, urinary drug screen testing reports dated 11/13/2013 and 12/11/2013 suggested results were inconsistent with the active treatment plan. In light of this supportive evidence, the current request for urinary drug screen testing is medically necessary.

Chromatography, qualitative: 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 Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95. Decision based on Non-MTUS Citation Lum G, et al. Urine drug testing: Approaches to screening and confirmation testing. *Laboratory Medicine*. June 2004; 6(35); 368-373. <http://www.pcls.com/wp-content/uploads/2014/04/UDT-Approaches-to-Screening-and-Confirmation-Testing.pdf>, accessed 02/08/2015

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. Confirmatory testing is used as the second step in the screening process to reduce the limitations of false results that can occur with the initial screening test. The submitted and reviewed records indicated the worker was experiencing left wrist pain with weakness, numbness, and tingling that went into the hand and fingers; mid-back pain; and lower back pain with spasms that went into the left leg with associated numbness, tingling, and weakness. Treatment recommendations included the use of three restricted medications (two containing cyclobenzaprine), including an opioid. Urinary drug screen testing reports dated 11/13/2013 and 12/11/2013 indicated that none of the tested

chemicals were present in the worker's urine. This appears to be inconsistent with the active treatment plan, but there was no documented discussion interpreting these results, and no individualized risk assessment was provided. In the absence of such evidence, the current request for urinary drug screen testing confirmatory qualitative chromatography is not medically necessary.