

<b>Case Number:</b>	CM15-0134397		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female who sustained an industrial injury on 03/12/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy acupuncture, and chiropractic sessions. Diagnostic studies include a nerve conduction test of the bilateral upper extremities and MRI of the right shoulder. Current complaints include right shoulder and bilateral wrist pain. Current diagnoses include right shoulder impingement syndrome/sprain/strain, bilateral carpal tunnel syndrome, right triangular fibrocartilage tear, and left wrist pain/sprain/strain. In a progress note dated 05/07/15 the treating provider requested treatments as an orthopedic surgical follow-up, as well as acupuncture and transportation services to all medical appointments. The requested treatment is for specimen collection and handling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro specimen collection and handling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The 44 year old patient complains of right shoulder pain, rated at 8/10, right wrist pain, and left wrist pain, rated at 6/10, as per progress report dated 06/04/15. The request is for RETRO SPECIMEN COLLECTION AND HANDLING. There is no RFA for this case, and the patient's date of injury is 03/12/14. Diagnoses, as per progress report dated 06/04/15, included right shoulder impingement syndrome, right shoulder sprain/strain, bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and right triangular fibrocartilage tear. The patient is off work, as per the same progress report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of- contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, none of the reports discuss the request. In fact, the progress reports do not list the patient's medications as all. The UR denial letter, however, states that the patient is taking Voltaren, Protonix, Ambien, and compounded creams. There is no documentation of opioid use for which UDS is generally indicated. There is no discussion in the reports explaining what specimen collection and handling is for. It is assumed that it is for urine drug screen specimen. The request is not medically necessary.