

<b>Case Number:</b>	CM15-0138389		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48-year-old female, who sustained an industrial injury on 10/30/14. She reported left thumb pain with swelling, stiffness, numbness, and tingling to the left upper extremity with tenderness. The injured worker was diagnosed as having overuse syndrome of the left upper extremity, left thumb tendinitis, possible left upper extremity complex regional pain syndrome, and medication induced gastritis. Treatment to date has included physical therapy, sympathetic block to the upper extremity, and medication including Prilosec, Gabapentin, and Lidoderm patches. Currently, the injured worker complains of left upper extremity pain. The treating physician requested authorization for qualitative G0434-QW x2 units and a quantitate urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualitative, G0434-QW times 2 units:** 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 Page(s): 78.

**Decision rationale:** The MTUS and ODG guidelines are silent on qualitative urine drug screens. However, with regard to urine drug testing, MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Previous UDS was reviewed on 3/13/15, was negative for opioids and benzodiazepines, and was consistent with the present regimen. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in 'distress', (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." The injured worker is not currently on opiate therapy. There was no rationale provided for the requested drug screen. Absent such, this request is not medically necessary.

**Quantitative urine drug test:** 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 Opioids Page(s): 87.

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Previous UDS was reviewed on 3/13/15 and was negative for opioids and benzodiazepines and was consistent with the present regimen. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in 'distress', (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." As the injured worker is not currently on opiate therapy, and does not demonstrate

any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.