

<b>Case Number:</b>	CM15-0182804		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/03/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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:

This is a 51 year old female with a date of injury on 11-3-2006. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and DeQuervain's tenosynovitis. Medical records (4-29-2015 to 7-22-2015) indicate ongoing bilateral hand pain. She rated her pain as two to three out of ten with medications and six out of ten without medications. She also reported numbness in her hands. She had been taking Ultracet at bedtime, which helped. She was also taking Ibuprofen once a day. The physical exam (7-22-2015) revealed healed surgical scars on both lists. There was mild tenderness on the bilateral, first, dorsal compartments. There was mildly positive Finkelstein's test bilaterally. Treatment has included carpal tunnel release surgery and medications. The treating physician indicates that the urine drug testing results (2/4/2015 and 4-29-2015) were consistent with the Ultracet that she was being prescribed. The original Utilization Review (UR) (8-26-2015) denied a request for retrospective alcohol testing any method other than breath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Alcohol testing any method other than breath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction.

**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. 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." Per the medical records, CURES report was obtained on 4/28/15 and was appropriate. UDS dated 4/29/15 was appropriate. The documentation submitted for review provides no rationale for additional testing of alcohol. The injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.