

Case Number:	CM15-0198582		
Date Assigned:	10/14/2015	Date of Injury:	07/11/2011
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on 07-11-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical disc protrusion with cervical pain and right upper extremity radicular symptoms, right shoulder injury, bilateral carpal tunnel syndrome, double crush injury, and depression. Medical records (06-08-2015 to 09-02-2015) indicate ongoing neck pain, right shoulder pain, and bilateral wrist and elbow pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS) on 06-08-2015, and 4 out of 10 VAS after undergoing a cervical epidural steroid injection (CESI) on 08-27-2015. Records did not specifically address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-02-2015, revealed tenderness over the cervical paraspinal process from C3-T1 with mild spasms, restricted range of motion (ROM) in the cervical spine, and slight hypoesthesia in the right C6-7 dermatomes. Relevant treatments have included shoulder decompression surgery, bilateral carpal tunnel releases, 6 physical therapy (PT) sessions, 2 acupuncture sessions, CESI with 60% improvement in pain and function, work restrictions, and pain medications. Current pain medications include tramadol ER for baseline pain; however, the IW reported severe dry mouth with the use of this medication. The treating physician indicates that a recent urine drug test was noted to be positive for ethyl alcohol; however, the IW denied any use of alcohol. A urine sample was collected on 09-02-2015 and was noted to be inconsistent with prescribed medications, as tramadol was not detected. The request for authorization (09-02-2015) shows that the following service was requested: urine drug screening for monitoring medication compliance as related to carpal tunnel syndrome and neck

pain as outpatient. The original utilization review (09-16-2015) non-certified the request for urine drug screening for monitoring medication compliance as related to carpal tunnel syndrome and neck pain as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening for monitoring medication compliance as related to carpal tunnel syndrome and neck pain as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, criteria for use, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

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 pain in the right shoulder, both wrists, and both elbows. Treatment recommendations included the use of a restricted opioid medication. 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. In light of this supportive evidence, the current request for a urine drug screen to monitor medication compliance as related to carpal tunnel syndrome and neck pain is medically necessary.