

<b>Case Number:</b>	CM15-0219027		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 65-year-old male, who sustained an industrial injury on 3-17-2009. The injured worker was diagnosed as having impingement syndrome bilaterally with bicipital tendinitis, epicondylitis medially and laterally bilaterally, wrist joint inflammation bilaterally, radioulnar joint inflammation bilaterally, ulnar nerve neuritis, carpal tunnel syndrome bilaterally, and reflux-constipation-depression due to chronic pain and inactivity. Treatment to date has included diagnostics, right carpal tunnel surgery, bilateral epicondyle injections, bracing, and medications. On 10-09-2015, the injured worker complains of numbness and tingling, with grip loss. He also reported heartburn, not responding to medication. He reported using medication judiciously and wished for refill of medications. He also reported issues with sleep, stress, depression, and prostatitis. He reported the ability to do chores and lifting was minimized to three pounds. Objective findings included bilateral Tinel's at the wrists, bilateral carpal and cubital tunnel tenderness, and tenderness over the medial and lateral spicondyles. He was prescribed Naproxen, Protonix, Neurontin, Lunesta, and Effexor XR. Urine toxicology (7-24-2015) was consistent with reported medications, positive for Tramadol. His work status was permanent and stationary since 11-2013. Repeat 10 panel urine toxicology was requested. On 10-21-2015 Utilization Review non-certified, a request for a ten panel urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen- 10 panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, screening for risk of addiction (tests).

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, it tramadol has been decided by previous reviewers to be medically unnecessary and weaning was recommended. However, regardless of this, even considering the worker will continue this medication, there was no evidence found in the notes provided to suggest a history of misuse of this or other medications or clues that would put this worker at an elevated risk for such. A recent (July 2015) urine drug screen was consistent, and if tramadol or any other opioid is used moving forward, once a year testing would be sufficient. This would make this request for another urine drug screening premature and medically unnecessary.