

Case Number:	CM15-0219167		
Date Assigned:	11/12/2015	Date of Injury:	09/30/2014
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	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: Massachusetts

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 35 year old female, who sustained an industrial injury on 9-30-14. The injured worker was diagnosed as having repetitive strain injury bilateral upper extremities; nerve entrapment bilateral elbows and wrists. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV study upper extremities (10-16-15). Currently, the PR-2 note dated 9-28-15 indicates the provider obtained a urine sample "to document appropriate use of medication and compliance with medication as per ACOEM Guidelines." The provider has listed the current medications as: "Gabapentin, Tizanidine, Tramadol and flurbiprofen cream". He also documents the injured worker has a surgical history that includes "a gastric sleeve and lost 150 pounds after that surgery. NSAIDs are the medicines that she cannot take because of that". He adds an addendum to this note documenting "The patient is on phentermine which is a diet supplement. On the urine examination that can show up as methamphetamine, just that everyone is aware of that possibility. She is prescribed this medicine through the health clinic." He notes that she has finished physical therapy and she reports it made her left wrist worse. He reviewed her MRI's of the bilateral elbows and wrists that show "structural continuity with no evidence of tears or damage. There is some fluid in the elbow on the left and both wrist long the tendon sheath, but there is no evidence of any tendon damage or cartilaginous damage." He notes she is "awaiting her EMG study of the bilateral upper extremities to determine why she is having so much severe pain but the structural process seems solid. The nerve conduction study is to be done within the next week." A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 11-5-15 and non-

certification for Retro urine drug screen x1 for date of service 9-28-2015. A request for authorization has been received for Retro urine drug screen x1 for date of service 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen Qty: 1 with a dos of 9/28/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Urine Testing.

Decision rationale: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential, the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a high risk of addiction including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets none of the aforementioned MTUS criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.