

<b>Case Number:</b>	CM15-0221759		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/19/2007
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 05-19-2007. A review of the medical records indicates that the worker is undergoing treatment for cervical myofascial sprain and strain, cervical spondylosis, cervical degenerative disc disease, shoulder impingement-bursitis, elbow lateral epicondylitis and carpal tunnel syndrome. Treatment has included pain medications, wrist braces and physical therapy. Subjective complaints (09-02-2015) included neck, bilateral shoulder, bilateral elbow and bilateral wrist and hand pain that was rated as 6-7 out of 10. Objective findings (09-02-2015) included tenderness of the cervical spine, diminished sensation in the median nerves, tenderness of the left trapezius, impingement of the bilateral shoulders, tenderness of the wrists and positive bilateral Phalen's and Tinel's tests. The worker was noted to be taking over the counter medications. The physician noted that a urine drug screen was collected as a critical component in evaluating the worker's pharmacological treatment plan, in determining the presence and quantity of schedule I, II and III medications in the worker's system and as part of the practice's pain management protocol. There is no documentation of increased risk or suspicion of illicit drug use or medication non-compliance. There was no indication that the worker was prescribed any opioid medications. A utilization review dated 10-29-2015 non-certified a request for retrospective comprehensive panel drug screen for DOS 9-2-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective comprehensive panel drug screen for DOS 9/2/15: Upheld**

**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, dealing with misuse & 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 at 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 or 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 submitted for review, the injured worker was taking OTC medications. There was no prescription of opioid medications. The injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior. The request is not medically necessary.