

Case Number:	CM15-0224414		
Date Assigned:	11/20/2015	Date of Injury:	01/25/2007
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/16/2015

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: Physical Medicine & Rehabilitation, 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 40 year old female, who sustained an industrial injury on 1-25-07. The documentation on 9-1-15 noted that the injured worker has complaints of moderate to high severity pain affecting her right hand and arm. The pain is rated 8-10 out of 10 in the right arm and 6-7 out of 10 in the left arm. The diagnoses have included sprain right shoulder; impingement syndrome, right shoulder and sprain, elbow and forearm. Treatment to date has included tylenol #4; gabapentin; cymbalta; ultracet; amitriptyline; ambien and TFC repair and carpal tunnel release. The original utilization review (11-9-15) non-certified the request for retrospective urine toxicology screening-report date of service 9-1-15 and urine toxicology screening-report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Toxicology Screening/report DOS 9-1-15: 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 for chronic pain, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in January 2007 when her right hand was crushed in a heavy security door that was being pushed closed. Surgical treatment included a carpal tunnel release and triangular fibrocartilage complex repair. She continues to be treated for chronic pain including a diagnosis of CRPS with secondary psychological sequela. When seen by the requesting provider she was having constant pain which was rated at 8-10/10 in her right arm and 6-7/10 in her left arm. She had been seen two months before. Medications had not been approved and she had been sparingly using the last of a previous prescription of tramadol and Tylenol #4. She had been out of pain medications for two weeks. The assessment references medications as decreasing pain to 5/10. She uses a spinal cord stimulator. She was having insomnia due to pain. Physical examination findings included appearing uncomfortable. There was mild right hand, wrist, and distal forearm edema. There were findings consistent with her diagnosis of CRPS. She had decreased right upper extremity strength. Although the assessment references meeting guidelines for the use of sustained-release narcotics, this appears to refer to long-term use of these medications. Ultracet and Tylenol #3 were prescribed. Urine drug screening was performed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, a reinitiation of opioid medications was being done then the claimant was having moderate to severe pain and opioid medications had provided significant pain relief in the past. The claimant reported using medications from a prior prescription as well as being out of medications for two weeks and this could be confirmed through the requested testing which would also screen for other prescription medications and illicit substances. Regardless of the result, it would be expected to impact future decisions regarding the claimant's care. Urine drug screening is medically necessary.

Urine Toxicology screening/report: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The claimant sustained a work injury in January 2007 when her right hand was crushed in a heavy security door that was being pushed closed. Surgical treatment included a carpal tunnel release and triangular fibrocartilage complex repair. She continues to be treated for chronic pain including a diagnosis of CRPS with secondary psychological sequela. When seen by the requesting provider she was having constant pain which was rated at 8-10/10 in her right arm and 6-7/10 in her left arm. She had been seen two months before. Medications had not been approved and she had been sparingly using the last of a previous prescription of tramadol and Tylenol #4. She had been out of pain medications for two weeks. The assessment references medications as decreasing pain to 5/10. She uses a spinal cord stimulator. She was having insomnia due to pain. Physical examination findings included appearing uncomfortable. There was mild right hand, wrist, and distal forearm edema. There were findings consistent with her

diagnosis of CRPS. She had decreased right upper extremity strength. Although the assessment references meeting guidelines for the use of sustained-release narcotics, this appears to refer to long-term use of these medications. Ultracet and Tylenol #3 were prescribed. Urine drug screening was performed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, a reinitiation of opioid medications was being done then the claimant was having moderate to severe pain and opioid medications had provided significant pain relief in the past. The claimant reported using medications from a prior prescription as well as being out of medications for two weeks and this could be confirmed through the requested testing which would also screen for other prescription medications and illicit substances. Regardless of the result, it would be expected to impact future decisions regarding the claimant's care. Urine drug screening is medically necessary.