

<b>Case Number:</b>	CM15-0042749		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Emergency 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 55 year old female who sustained an industrial injury on 02/18/2003. The injured worker had cumulative trauma with injury to her head, neck, left shoulder and lumbosacral spine. Diagnoses include bilateral carpal tunnel syndrome, 2mm C6-C7 disc bulge with bilateral C6 radicular pain and bilateral De Quevain's tendinitis. Treatment to date has included medications, bilateral carpal tunnel splints, physical therapy, Toradol injections, trigger point injections, wrist splints, and pool exercise program. A physician progress note dated 01/19/2015 documents the injured worker takes Percocet 10/325mg 4 times a day, Nortriptyline 75mg daily, and Ambien 6.25mg at hour of sleep as needed. Based on her need for these medications it is appropriate to perform intermittent urine toxicology for evaluation of appropriate use of prescribed medications. In a progress note date 10/06/2014 pain without the Percocet is rated an 8 out of 10 and with Percocet her pain is as low at 4 out of 10. Treatment requested is for retrospective request for Retrospective DOS: 10/06/14 Urine Tox Screen Qty: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 10/06/14 Urine Tox Screen Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

**Decision rationale:** The requested Retrospective DOS: 10/06/14 Urine Tox Screen Qty: 1.00 is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The treating physician has documented bilateral carpal tunnel syndrome, 2mm C6-C7 disc bulge with bilateral C6 radicular pain and bilateral De Quevain's tendinitis. The injured worker has had 3 drug screens during 2014. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at moderate risk, and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, Retrospective DOS: 10/06/14 Urine Tox Screen Qty: 1.00 is not medically necessary.