

<b>Case Number:</b>	CM15-0046554		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic wrist and upper extremity pain reportedly associated with cumulative trauma at work first claimed on August 13, 2003. In a Utilization Review Report dated February 14, 2015, the claims administrator failed to approve requests for a 10-panel urine drug screen and MRI imaging of the wrist. A pain management consultation, however, was approved. An RFA form and associated progress note of January 19, 2015 were referenced in the determination. The claims administrator involved non-MTUS Chapter 6 ACOEM Guidelines in portions of its determination language, and it was incidentally noted. The applicant's attorney subsequently appealed. In a February 19, 2015 progress note, the applicant reported ongoing complaints of upper extremity pain. The applicant was pending an ergonomic evaluation. The applicant was given diagnoses of impingement syndrome of the shoulder, cubital tunnel of the right elbow status post-cubital tunnel release, chronic neck pain, CMC joint/thumb pain, depression, anxiety, upper extremity paresthesias, and weight gain. The applicant was given refills of Nalfon, tramadol, LidoPro, Terocin, trazodone, and Effexor. The applicant was reportedly working with previously imposed limitations, and it was suggested. On January 19, 2015, the applicant reported ongoing complaints of right upper extremity pain, neck pain, and left upper extremity pain and paresthesias. The applicant also had issues with thumb arthropathy, and it was suggested. The attending provider suggested that the applicant obtain elbow patch, electro diagnostic testing of the bilateral upper extremities, and MRI imaging of the right wrist. Work restrictions were endorsed. It did appear that the applicant was working with said limitations in place. The attending provider suggested that the

applicant's presentation was suggestive of CMC joint arthropathy/CMC joint arthritis. Multiple medications were renewed. Drug testing was also apparently endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ten panel urine screen:** 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), Urine Drug Testing Section.

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

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the Request for Authorization for testing, categorize the applicants into higher or lower-risk categories for which more or less frequent drug testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not attach the applicant's complete medication list to the Request for Authorization for testing. The attending provider did not state when the applicant was last tested. The attending provider did not attempt to categorize the applicant into higher or lower-risk category for which more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.

**MRI with contrast of the right wrist:** 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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Hand, Wrist, and Forearm Chapter: "X-rays are Recommended to Define Objective Evidence of the Extent of Hand Osteoarthritis."

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI scans of the hand and wrist prior to evaluation by a qualified specialist is deemed "optional," here, however, the attending provider did not furnish much in the way of applicant-specific rationale or narrative commentary so as to augment the request at hand. The attending provider did not state how the MRI imaging in question would

influence or alter the treatment plan. The attending provider, furthermore, seemingly suggested that the primary operating diagnosis here was CMC joint arthritis. However, the Third Edition ACOEM Guidelines note that plain x-rays are recommended to define objective evidence of the extent of hand osteoarthritis. Here, the attending provider did not state why plain films x-rays could not be employed here if hand arthritis was suspected, as appeared to be the case. Therefore, the request was not medically necessary.