

<b>Case Number:</b>	CM15-0086433		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 58-year-old male who reported an industrial injury on 11/2/2004. His diagnoses, and/or impressions, are noted to include: chronic pain syndrome; and chronic post-operative pain. No current imaging studies are noted. His treatments have included multiple surgeries; physical therapy; diagnostic studies; cortisone injection therapy; medication management with urine drug screenings; and modified work duties. The progress notes of 3/10/2015 noted a follow-up visit for complaints of constant and severe left wrist pain, associated with numbness/tingling in the left hand that is aggravated by activities, and is alleviated by rest and medications. Objective findings were noted to include minimal movement to the left wrist that is with severely decreased grip strength, allodynia around the wrist, severe allodynia around the left wrist surgical scar, and decreased flexion of all fingers; and no noted aberrant or drug seeking behavior. The physician's requests for treatments were noted to include a urine drug screen to ensure compliance, as part of his signed narcotic agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, step to avoid misuse/addiction. 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 Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 Urine drug screen is not medically necessary and appropriate.