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| <b>Case Number:</b>   | CM15-0233144 |                              |            |
| <b>Date Assigned:</b> | 12/08/2015   | <b>Date of Injury:</b>       | 06/19/2013 |
| <b>Decision Date:</b> | 01/19/2016   | <b>UR Denial Date:</b>       | 11/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/30/2015 |

### 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: Family Practice

### 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 54-year-old female who sustained an industrial injury on 6-19-2013. A review of medical records indicates the injured worker is being treated for pain in unspecified hand, carpal tunnel syndrome, right upper limb, carpal tunnel syndrome left upper limb. Medical records dated 10-29-2015 noted bilateral wrist pain and bilateral hand pain. Physical examination noted tenderness over the right lateral epicondyle. Tinel's sign was positive. There was tenderness over the left lateral epicondyle and medial epicondyle. Tinel's sign was positive to the wrists. Dysesthesias were present over the medial hand and lateral hand on both sides. Treatment has included Physical therapy, chiropractic care, acupuncture, Diclofenac, and Nabumetone since at least 10-15-2015. Utilization review form dated 11-2-2015 noncertified 2 qualitative urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Qualitative Urine Drug Screen QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Pain Chapter 9Chronic) 2015, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** The injured worker receives treatment for chronic pain involving a hand, the wrist, and the upper extremities. This relates back to an industrial injury claim on 6-19-2013. The medical diagnoses include carpal tunnel syndrome, right upper limb, and carpal tunnel syndrome left upper limb. The treating physician reports the patient having complaints of bilateral wrist and hand pain. Physical examination shows tenderness over the right lateral epicondyle. There was tenderness over the left lateral and medial epicondyles. Tinel's sign was positive to the wrists. Altered sensations were present on the hands. The patient received physical therapy, chiropractic sessions, and acupuncture. Prescribed medications include diclofenac, and Nabumetone since at least 10-15-2015. This review addresses a request for a qualitative urine drug screen. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.

**Quantitative Urine Drug Screen QTY 1:** 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, screening for risk of addiction (tests).

**Decision rationale:** The injured worker receives treatment for chronic pain involving a hand, the wrist, and the upper extremities. This relates back to an industrial injury claim on 6-19-2013. The medical diagnoses include carpal tunnel syndrome, right upper limb, and carpal tunnel syndrome left upper limb. The treating physician reports the patient having complaints of bilateral wrist and hand pain. Physical examination shows tenderness over the right lateral epicondyle. There was tenderness over the left lateral and medial epicondyles. Tinel's sign was positive to the wrists. Altered sensations were present on the hands. The patient received physical therapy, chiropractic sessions, and acupuncture. Prescribed medications include diclofenac, and Nabumetone since at least 10-15-2015. This review addresses a request for a qualitative urine drug screen. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.