

<b>Case Number:</b>	CM14-0144811		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 73-year-old female with a 5/5/13 date of injury. At the time (8/12/14) of Decision for Urine Drug Screen no less frequently than monthly, there is documentation of subjective (numbness and tingling in the right hand with burning pain at night) and objective (moderate tenderness over the thumb basal joint and positive grinding maneuver with increased pain and discomfort) findings, current diagnoses (right carpal tunnel syndrome, possible early right index trigger finger, and right ulnar impaction syndrome), and treatment to date (activity modification, physical therapy, and medications (including ongoing treatment with Tramadol since at least 3/10/14)). There is no documentation of patient at "high risk" of adverse outcomes (active substance abuse disorder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen no less frequently than monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation ODG, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. OGD supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction and misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome, possible early right index trigger finger, and right ulnar impaction syndrome. In addition, there is documentation of ongoing treatment with opioids (Tramadol). However, given documentation of a request for Urine Drug Screen no less frequently than monthly, there is no documentation of the patient at "high risk" of adverse outcomes (active substance abuse disorder). Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Screen no less frequently than monthly is not medically necessary.