

<b>Case Number:</b>	CM15-0012755		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 38 year old male, who sustained an industrial injury on July 3, 2013, due to repetitive work activities. He has reported pain and discomfort in the hands and wrists. The diagnoses have included status post carpal tunnel release, left, April 24, 2014, with tendinitis, rule out recurrent carpal tunnel syndrome, status post carpal tunnel release surgery, right, February 23, 2014, with tendinitis, rule out recurrent carpal tunnel syndrome, right wrist sprain/strain with joint effusion, left wrist sprain/strain with joint effusion, right 4th and 5th finger strain/sprain, anxiety, depression, panic attacks, and insomnia. Treatment to date has included physical therapy, chiropractic treatments, cortisone injections, and medications. Currently, the injured worker complains of constant pain in the wrists and hands. The Primary Treating Physician's report dated December 19, 2014, noted tenderness at the 4th, 5th, distal interphalangeal (DIP) joint and the proximal interphalangeal (PIP) joint of the right hand, with tenderness noted over the distal radioulnar joint bilaterally. Abnormal two-point discrimination of the medial nerve distribution bilaterally was noted, as well as abnormal motor power and sensation of the hands bilaterally. On December 30, 2014, Utilization Review non-certified one quantitative chromatography (42 units), noting there was no indication that the recent drug screen performed yielded inconclusive or inconsistent findings that would justify testing with chromatography. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Forearm, Wrist, and Hand Complaints, and the Official Disability Guidelines (ODG), Pain (Chronic) were cited.

On January 21, 2015, the injured worker submitted an application for IMR for review of one quantitative chromatography (42 units).

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

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

#### **1 quantitative chromatography (42 units): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen, Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one quantitative chromatography 42 units is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Confirmatory testing with chromatography is generally used to validate the presence of a given drug, and/or identify drugs that cannot be isolated by screening test. Confirmation is usually not required when the POC screen is appropriate for the prescribed drugs without evidence of nonprescribed substances. In this case, the injured worker's working diagnosis is hand/wrist flexor tenosynovitis secondary to overuse with carpal tunnel symptoms status post bilateral carpal release. A urine drug screen was ordered and resulted on December 19, 2014. There were no opiates detected in the urine drug screen. There were no drugs detected in the urine drug screen. There was no indication that the recent drugs screen yielded inconclusive or inconsistent findings that would justify confirmatory testing, time. The documentation did not contain a clinical indication or rationale for the positive chromatography 42 unit study. There was no list of medications in the medical record. Additionally, there were no risk assessments in the medical record providing a frequency with which to order urine drug testing. There was no discussion of aberrant or drug-related/drug seeking behavior noted. Consequently, one quantitative chromatography - 42 units is not medically necessary.